24.A.39

A

TREATISE

ON

FEMALE DISEASES:

In which are alſo comprehended
thoſe moſt incident to

PREGNANT

AND

CHILD-BED WOMEN.

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M DCC LXXI.

24.A.39

PREFACE.

THE diſeaſes of women form ſo conſiderable a part of the practice of phyſic, that the knowledge of their nature and cure ought certainly to be regarded as a principal object of our attention. So negligently, however, has this extenſive field been cultivated by medical writers, that Aſtruc is almoſt the only modern author who has treated particularly of the ſubject: but how little his work is calculated for the improvement of ſcience, thoſe who have ever peruſed

it can ſtand in no need of being informed. Let it, therefore, only be remarked in general, that his arbitrary theoretical opinions, his numerous and ſuperfluous diſtinctions, the whimſical methods of cure which he has often admitted, his exceſſive prolixity, and, above all, his total omiſſion of the diſeaſes of pregnant and child-bed women, ſeemed to evince the expediency of publiſhing a more uſeful treatiſe on female diſorders.

It is not preſumed, however, that what is here offered to the public, can afford much inſtruction to thoſe gentlemen of the faculty who have enjoyed the advantages of a long and

and extenſive practice, as their own experience muſt have furniſhed them with moſt of the obſervations contained in this volume: but it is hoped that it may be of ſome uſe to younger phyſicians, by guiding them, in a ſhorter and more direct way than has hitherto been attempted, to a knowledge of the nature and cure of the ſeveral diſeaſes of which it treats. It has, at leaſt, this circumſtance in its favour, that it is the only work which exhibits a complete ſyſtem of the diſeaſes of women.

As the diſeaſes of that ſex depend principally on an exceſs or diminution of the menſtrual diſcharge, it was thought proper to prefix a phyſiological

siological account of that evacuation. In treating of the several complaints, however, no speculative system has been adopted; but the method of cure is established solely on practical observations: and the recital of particular cases has been purposely avoided, that the work might be rendered more concise.

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CHAP.

CHAP. I.

Of the Menſtrual Flux.

BESIDES the diſeaſes common to all mankind, either from the general laws of the animal œconomy, or the operation of external cauſes, there are many others, which, by a peculiarity of ſtructure and conformation, are determined to the different ſexes. Men, indeed, have but few diſeaſes ariſing from this ſource alone; but thoſe peculiar to women are extremely numerous, often dangerous, and ſometimes difficult to cure.

In the earlieſt years of life, the diſeaſes incident to both ſexes are, for the moſt

part, perfectly similar; there existing then no cause to produce that diversity so remarkable in the following periods, as the body has not yet acquired that particular disposition on which it depends. But no sooner is that season over, and the age of puberty commenced, than the adults of both sexes, by means of several indications, generally begin to grow sensible of some considerable changes effected in their constitution; and therefore, as what happens at this time has so great an influence over the future habit, especially that of the female, we may properly enough set this down as the æra of those peculiar ailments to which she is subjected by her sex.

The first phænomenon which commonly presents itself to the virgin at this critical juncture, is the appearance of that periodical discharge which takes its name from the usual term of its revolutions, and which generally continues to return, after certain

stated

ſtated intervals, for the greateſt part of her future life. This evacuation, being the natural conſequence of a certain proportion now eſtabliſhed between the ſolid and fluid parts of the ſyſtem and their natural actions on each other, becomes abſolutely neceſſary to the welfare of the individual, as long as the ſame conditions of the body continue to ſubſiſt; which is evident from the various and obſtinate diſorders which ſo frequently take their riſe from its abſence. Thus much, however, being granted, it is nevertheleſs certain that its relation to health is only limited, and that an immoderate increaſe of the ſalutary diſcharge will be productive of conſequences no leſs pernicious than its partial ſecretion, or entire ſuppreſſion. For in this caſe, as well as in the former, that exact equilibrium in the conſtitution, which guides the ſcale of health, will be conſiderably varied, or entirely deſtroyed. As therefore any remarkable deviation in either of theſe

reſpects, ſeems to be of ſo great importance in the animal œconomy, it may not be improper to take a ſhort view of the menſtrual evacuation in its natural ſtate, together with its efficient cauſes and the ſeveral circumſtances which may influence its periods, duration, and quantity, before we proceed to treat of its morbid effects, or thoſe diſeaſes which reſult from its irregularities. And this apparent digreſſion may be the more juſtifiable, not only as it is an axiom in phyſic, that carefully to inveſtigate the origin of diſeaſes is eſſential to the knowledge of their cure; but likewiſe, as all phyſicians, from Hippocrates down to the preſent times, have univerſally conſidered the monthly evacuation as the great ſpring and mover in the female ſyſtem, which regulates the whole in ſuch a manner, as to prove the inſtrument both of its higheſt health and moſt fatal diſorders.

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The age of puberty, as hath been already ſaid, is the period commonly obſerved by nature for the firſt appearance of this evacuation; and accordingly, about the years of fourteen or fifteen, at which time, in this temperate climate, the body arrives nearly at its full ſtature, moſt young women, if otherwiſe healthy, are, for the firſt time, viſited with an eruption of red blood from the orifice of the vagina, which afterwards becomes periodical. This diſcharge, eſpecially in the beginning, is ſeldom or never ſo inſtantaneous as to ſurpriſe them unawares, but is generally preceded by ſome ſymptoms which foretel its approach. The moſt remarkable of theſe are, a ſenſe of heat, weight, and dull pain in the loins and other parts contiguous to the uterus; diſtention and hardneſs of the breaſts, head-ach, loſs of appetite, with frequently a paleneſs of the countenance, and a general laſſitude, or liſtleſneſs to motion; though in ſome caſes there is like-

wiſe a ſwelling and numbneſs of the legs, cutaneous effloreſcences, and inflammations of the tonſils, or other particular parts, accompanied with a ſlight degree of fever, eſpecially in the firſt menſtruation.

The flux continues for three or four days, more or leſs, during which, at a medium, from ſix to ten ounces of blood may be diſcharged, and then it ceaſes of its own accord; but the preceding ailments are generally mitigated, or entirely relieved, before that time. After this the female enjoys her uſual ſtate of health, till about a lunar month, or twenty-eight days, from the firſt attack, when the ſame ſymptoms return, but in a milder degree, and running the ſame courſe, diſappear in a like manner as formerly. From this time, the diſcharge aſſumes a periodical type, continuing to return with little variation, at nearly equal intervals, to the decline of life, or the fiftieth year of the age, unleſs it is interrupted

rupted by pregnancy, nurſing, or a bad ſtate of health; only the concomitant complaints become gradually milder with each ſucceeding period, till at laſt, in many women, they are hardly perceptible.

Though this be the general tenor of the monthly flux, in ſuch a climate as ours, from its firſt invaſion to its ultimate period, yet it muſt be confeſſed that it admits of many exceptions: nor, in the nature of the thing, can it be always uniform and regular in its courſe; as the difference of particular temperaments, regimen, and modes of life, which has ſo great an influence over the other functions, muſt neceſſarily give occaſion to numberleſs deviations. And, if to this be added the well known power of diſſimilar climates, that ſtill more remarkable variety, to be obſerved among women of different nations, will be eaſily accounted for. But the nature and effects of theſe ſeveral circumſtances will be better under-

ſtood, after the true cauſe of the flux itſelf has been previouſly enquired into, which we ſhall next proceed to inveſtigate.

No ſubject in phyſiology has more employed the ingenuity of authors, or excited greater diſſenſions among them, than the periodical evacuation of women, on which we are now entering; a phænomenon which has, at all times, appeared the more ſingular and extraordinary, as it ſeems to be peculiar to them alone: for the males of all animals are exempted from it, and it has never yet been obſerved even in the females of any other ſpecies, at leaſt ſo far as we have any certain and authentic accounts.

This ſubject, which is obſcure in its own nature, has been rendered ſtill more intricate by the many abſurd endeavours which has been uſed to explain it. For mankind, ever precipitate in forming conjectures, have fancied to themſelves a thouſand idle

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and ridiculous notions, which, having no foundation in the human frame, have contributed rather to miſlead, than guide the mind in the road to truth. The great improvements in anatomy, within this century paſt, have no doubt enabled the moderns to offer a more plauſible ſolution of this problem than any thing advanced by their predeceſſors; but perhaps a more accurate knowledge of the animal œconomy is ſtill wanting to make a complete demonſtration, and furniſh a theory entirely free from all objection. But before we enter on ſuch an account of the cauſe of this evacuation as is countenanced by the more recent diſcoveries in phyſic, it may not be improper to exhibit a general detail of the principal opinions which were formerly entertained concerning it; as ſuch a comparative view will more clearly evince the great ſuperiority of the eſtabliſhed doctrine.

Moſt of the ancients before Galen, obſerving the great influence of the moon over the other parts of nature, eſpecially the tides, and remarking at the ſame time, that the natural evacuation of women kept pretty exactly to the term of a lunar revolution, had reſource, for the cauſe of this, likewiſe, to the attractive power of that luminary, *ut nodum Dea ſolveret*. This theory was entirely conſiſtent with the philoſophy of thoſe ages, if the ſcience of aſtrology, which referred moſt events to a planetary power, deſerves that name. At a time, therefore, when the ſtudy of nature, eſpecially of the human body, was but little cultivated, it cannot be thought ſurpriſing, if ignorance, the parent of ſuperſtition and credulity, ſhould always take refuge in the venerable authority of the prevailing doctrines, in order to account for all ſuch phænomena as could not be unraveled on more rational principles. Accordingly we find what an univerſal ſway

this

this prepoſterous ſyſtem obtained by degrees in every department of nature: for every poſſible contingence being occaſionally attributed to a ſuppoſed benignity or malignity of ſome or other of the ſtars, the heavenly bodies came at length to be conſidered as the efficient cauſes of all the good or evil which happened in the univerſe. In the natural world, winds, ſtorms, and tempeſts, as well as the milder and more beneficent effects of leſs enraged elements, were derived from them. Even moral qualities and events were charged to the account of theſe celeſtial agents; ſuch as the particular temper and diſpoſition of the mind, and the fates and fortunes of mankind: whence aroſe the ſo much celebrated doctrines of horoſcopes, the calculation of nativities, and the prediction of future events.

Under ſo general a ſuperſtition, therefore, the animal œconomy could not well eſcape

eſcape its ſhare of ſideral influence; and conſequently, not only the natural functions of the body, but likewiſe its diſeaſes, their cauſes, and cures, were moſtly explained by the aſcenſion and declenſion, ſituation or aſpect of the reigning planet. By theſe means, the writings of the earlieſt phyſicians are generally ſo blended and diſguiſed with the jargon of natural and judicial aſtrology, that it is not eaſy to diſtinguiſh the few uſeful truths which they may otherwiſe contain. Even Hippocrates himſelf is not entirely exempted from the weakneſs of too much credulity in this reſpect; ſince, in different parts of his works, but particularly in his letter to his ſon Theſſalus, he mentions the motions and powers of the heavenly bodies, and the riſing and ſetting of the ſtars, as having a great effect on various diſorders.

But of all the ſuperior orbs, the moon, in particular, as being a planet attending upon

upon our earth, was thought to exercise a peculiar power in producing some diseases, and regulating the paroxysms of others. For this reason, as hath been said, it was natural enough at first to impute the monthly ailments of women to the same cause, especially as such a notion might be still farther countenanced by the apparent affinity, in point of time, between the lunar and menstrual periods. Whatever indulgence, however, may be due to these less cultivated ages, an attachment to so groundless an opinion is certainly inexcusable in modern inquiries. When the light of a sounder philosophy, joined to a better knowledge of the animal œconomy, first dawned upon the world, physicians began to join reasoning with their opinions; in consequence of which, the persuasion of a lunar influence gradually lost ground, as seemingly irreconcileable to this pretended effect; till, in proportion as science diffused a brighter lustre, that hypothesis

was

was entirely abandoned, for more plauſible ways of accounting for the phænomena of nature, or retained only by a few whom a ſuperſtitious veneration for antiquity had rendered obſtinate in their errors.

Amidſt ſo general a reformation, therefore, it is not a little ſurpriſing to find, in the liſt of thoſe who ſtill continued to ſubſcribe to this obſolete opinion, a character of no leſs eminence in the medical world than that of the celebrated Dr. Mead, who has pleaded for a planetary influence with ſo much learning and ingenuity, in his elaborate treatiſe *De imperio ſolis et lunæ*; a work which, at the ſame time that it does the greateſt honour to the abilities of its author, gives us a mortifying example of human weakneſs, in affording ſo ſtriking a proof of the invincible power of early prejudices. It ought to be remarked, however, in juſtice to that learned phyſician, and elegant ſcholar, that he has not

blindly and implicitly, like moſt of thoſe who had trod the ſame path before him, admitted ſuch an action of the heavenly bodies on thoſe of animals as no manner of reaſon could be aſſigned for. On the contrary, he endeavours to demonſtrate, from a number of ingenious arguments, that theſe ſplendid orbs, being endowed with a power of producing certain changes in the atmoſphere, and acting by that medium on our bodies, are capable of effecting great alterations in them; not, indeed, by an immediate and unknown, but by a mediate and mechanical operation. Hence, by treating the ſubject in a more philoſophical manner, he has not only rendered the hypotheſis more plauſible, but added even the appearance of conviction to what had formerly been ſupported by the credit of a long eſtabliſhed authority alone. Notwithſtanding the great merit of this performance, however, and the

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ſtrength of reaſoning with which it abounds, the propoſition of the learned author muſt appear extremely inconcluſive; as many of the inſtances, adduced by himſelf to confirm it, and particularly that which is the object of our preſent conſideration, can be much better explained on very different principles.

We have been the more full in diſcuſſing this part of our ſubject, to obviate, if poſſible, any impreſſions which might be received from ſo high an authority as that of Dr. Mead. For though ſome may imagine that all diſputes concerning the cauſe of the menſtrual diſcharge are of no great importance, as being chiefly a ſpeculative point; yet others, who think more juſtly, will be of a different opinion; as it is well known that theories of all ſorts in phyſic have a very great influence over practice: and that under our preſent conſideration we may affirm to be particularly injurious,

injurious, by ſuggeſting to its advocates the method of exhibiting emmenagogue medicines, not ſo much at the natural terms of the evacuation, when they might be attended with the greateſt advantage, but rather at certain periods of the moon, which could only coincide by accident with thoſe of the diſcharge; by which means the laws of nature muſt be greatly violated.

Upon the whole, a few ſtrictures will be ſufficient to explode the imaginary doctrine of a lunar agency, as altogether inadequate to this effect. Were ſuch the principal cauſe of the monthly flux, all women, at leaſt all thoſe in the ſame hemiſphere, ſhould be affected at one and the ſame time: but this is contradicted by experience, as ſo many thouſands are indiſcriminately ſeized with their *menſes* under all the different phaſes of the moon. To aſcertain this point, many obſervations

have likewiſe been made in convents, where the identity of climate, regimen, and every other material circumſtance, might be ſuppoſed to produce a particular concurrence of time, if ſuch a regularity were poſſible; and yet, in theſe receſſes, no difference could ever be perceived from the uſual courſe of nature in other women, who lived more at large, and in all the variety of oppoſite circumſtances. Beſides, as the moon muſt act uniformly on all animal bodies, the females of other kinds would certainly, on that ſuppoſition, be equally ſubject to a ſimilar diſcharge; and even men, and other males, ought likewiſe to be affected with ſome periodical change, though of a different nature: but as neither of theſe is the caſe, we may urge from hence an additional argument againſt the influence of the moon in the preſent queſtion.

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The next hypotheſis, reſpecting the cauſe of this evacuation, was that of Galen, who, on the principles of the peripatetic philoſophy, introduced many new theories into phyſic. His opinion was, that it proceeded entirely from a plethora, or a redundance of blood and humours; which doctrine he ſtrenuouſly maintains through the whole of his works, and as warmly diſputes againſt Eraſiſtratus, and others, who patroniſed the preceding theory. But as the ſame hypotheſis has been generally adopted by the moſt eminent among the moderns, and greatly improved by their ſeveral labours, we ſhall hereafter have occaſion to conſider it more fully in treating of the more recent opinions on the ſubject.

The great authority of Galen made his opinion in this, as well as in all other matters relating to medicine, long be received as the only rule of judgement;

but when the chemical phyſicians began to take the lead, they exploded the former ſyſtems, and modelled the theory and practice of phyſic entirely on the principles of their own art. Ferments were now ſuppoſed to exiſt in every part of the human body, and all the functions of nature were aſcribed to their action. Accordingly the menſtrual flux, like all the other ſecretions, was explained by a particular effervescence: but theſe dogmatic inquirers did not agree amongſt themſelves about the nature and ſeat of the fermenting cauſe. Some imagined it was owing to the bile, others to the acrimony of ſome ſtagnating humours; and while many thought that its ſtimulus was confined to the uterus alone, not a few were of opinion that it was more univerſally diffuſed thro' the whole vaſcular ſyſtem. But whatever it was, or wherever lodged, they unanimouſly maintained, that, by exciting a fermentation, it purified the blood once a

month

month from all noxious particles, and that the menſtrual evacuation, like the flowers and dregs of other fermenting liquors, was the impurities thrown off by ſuch a depurating proceſs; with a thouſand other ridiculous conceits.

But nothing can be more inconſiſtent with the laws of the animal ſtructure, and the nature of its juices in general, than the idea of ſuch ſtimulating ferments: and the uterus in particular can be as little ſuſpected of an inherent acrimony as any other part of the body; where there is nothing to be found, in its natural ſtate, but the pureſt arterial and venous blood, and the mildeſt mucous humours. Did the periodical evacuation owe its riſe to ſuch an operation as has been here alledged, it might be expected that the blood diſcharged ſhould partake, in ſome meaſure, of the qualities of the particular ferment; as we are well aſſured that fer-

ments, in all other fluids, have a power of aſſimilating ſome part of them into their own nature: yet no properties, different from thoſe of the remaining maſs, have ever been diſcovered in the menſtrual blood by the moſt accurate obſervations. To mention no other objection, it ſeems extremely difficult to account, why ſuch a ferment ſhould only exert itſelf at particular periods of time: why it ſhould remain perfectly inactive for the firſt fourteen or fifteen years of a woman's life: and laſtly, why it ſhould entirely ceaſe to act about the age of forty-five or fifty. Theſe and ſuch like difficulties are totally inexplicable; upon the principle of ferments; and it is no ſmall wonder, therefore, to find ſo many men, otherwiſe eminent for learning and judgement, lend their ſanction to an opinion every way ſo untenible and abſurd. But as this doctrine is equally chimerical with that of the lunar influence itſelf, the chemiſts would ſeem to have invented it, not ſo much from any

difficulties

difficulties with which they ſaw the more probable theory of a plethora incumbered, as from that oſtentatious vanity, and arrogant confidence in the ſuperior excellence and utility of their own art, for which the chemical ſect has always been diſtinguiſhed.

Others have, with as little reaſon, aſſigned periodical ſpaſms as the cauſe of the menſtrual flux. But in anſwer to this opinion we need only obſerve, that it would be equally difficult to account for ſuch a cauſe as for the effect itſelf. In the firſt place, we can ſee no reaſon, why theſe ſpaſmodic affections ſhould conſtantly return at certain ſtated periods. And again, though that point were granted, we would ſtill continue at a loſs to conceive, why the blood, repelled from any particular part by ſuch a conſtriction of its veſſels, ſhould be determined towards the uterus rather than to any other organ in the body.

Beſides the opinions hitherto enumerated concerning the cauſe of the female evacuation, Dr. Aſtruc has endeavoured to account for it by the intervention of certain ſinuoſities in the texture of the uterus; and ſomewhat of the ſame opinion has been likewiſe eſpouſed by Dr. Simpſon of St. Andrews. But as no ſuch texture ſeems to be countenanced by the obſervations of the beſt anatomiſts, this doctrine muſt alſo be conſidered as void of foundation. While we paſs this cenſure, however, we muſt confeſs that the treatiſe of the ingenious author laſt mentioned, on the ſyſtem of the womb, is worthy of an attentive peruſal.

Having thus found reaſon to reject all the preceding theories, by whatever reſpectable authorities they have been ſucceſſively ſupported, we ſhall now proceed to inquire more particularly into the doctrine of a plethora, which, as we have already obſerved,

obſerved, was originally invented by Galen. From his time, notwithſtanding other temporary innovations in phyſic, it ſtill continued to maintain a conſiderable pre-eminence, as his ſect was always the moſt prevalent: and it ſeems at preſent to be almoſt univerſally adopted, as what appears to be the moſt conformable to the laws of the animal œconomy, which, of late years, have been better aſcertained by more accurate phyſiological reſearches.

Thoſe among the moderns, who have contributed moſt to cultivate and eſtabliſh this doctrine, are our two celebrated countrymen Pitcairn and Friend, the great Boerhaave, and illuſtrious Baron Haller. But they are divided among themſelves as to the nature and extent of the plethora in queſtion; ſome contending for a general, and others for a partial or local one. The former opinion, which was that of Galen and his followers, has been ſtrenuouſly maintained

maintained by Friend, Boerhaave, and Haller; while the latter has been no leſs warmly eſpouſed by Pitcairn, and others of the mechanical phyſicians: and both parties have ſupported their different theories by enforcing, with much learning and ingenuity, the ſeveral productive cauſes of that ſpecies of plethora for which they reſpectively contend.

The theory of a general plethora being the moſt ancient, as well as the moſt univerſally received, it may be proper to begin with an account of the foundations on which it has principally been erected.

The arguments, produced in ſupport of this opinion, may be conſidered as of two ſorts; firſt, thoſe which are made uſe of to prove, that a plethora actually exiſts in the female body; and ſecondly, ſuch as are adduced to ſhew, that this plethora, or redundant blood, muſt be determined towards

wards the uterus, there to be evacuated, rather than by any other outlet.

With reſpect to the firſt, it is to be obſerved that, from the firſt moments of life to a certain age, the whole vaſcular ſyſtem is continually diſtended and enlarged in all its dimenſions, by the force of the heart, propelling the blood and humours along its ſeveral canals; and to this circumſtance the body owes its augmentation and growth. This increment, however, is not proportionally equal in equal given times. It is always moſt remarkable in infancy; becauſe the action of the heart is then much greater in proportion to the reſiſtance of the ſolids, which, on account of their great ſoftneſs and flexibility, eaſily yield to the diſtending force. But in proceſs of time, as the fibres will be daily acquiring greater degrees of firmneſs and rigidity, the comparative force of the heart will alſo be diminiſhing in the ſame ratio,

and

and conſequently the growth of the body will neceſſarily be retarded, or become more gradual and ſlow; till, at length, the increaſed ſtrength of the ſolids, reſiſting any greater diſtention, puts a final ſtop to its farther enlargement. The ſtature having thus attained its appointed height, or nearly ſo, which happens ſooner in ſome women than in others, and generally ſooner in that ſex than in men, it is eaſy to conceive, the health, appetite, and digeſtion remaining the ſame, that an equal quantity of blood continues ſtill to be prepared as before, and conſequently, that the bulk of its whole maſs will now be to the containing veſſels, which ceaſe to be any longer enlarged, in a much greater proportion than formerly; or, what amounts to the ſame thing, it neceſſarily follows that a true plethora muſt be produced.

But beſides this general cauſe of a plethora, which is in ſome meaſure common

to both ſexes at their full ſtate, the advocates for this doctrine maintain, that women are by nature more particularly liable to ſuch a redundancy, on account of the greater diſproportion between the quantity of the ingeſta and excretions in that ſex. Women, we are told, take in as much, or nearly as much nouriſhment as men, and therefore they muſt generate an equal quantity of blood: but that, the *vis vitæ* in them being conſiderably weaker, by reaſon of the greater ſoftneſs and delicacy of their frame, as well as their more ſedentary and inactive ſort of life, leſs of the vital fluid will be ſent to their glands and the cutaneous emiſſaries; and conſequently, ſecretion being always in proportion to the force of the heart and *momentum* of the blood, that leſs will be diſcharged by the glands of the ſkin and other excretory organs. From this difference, therefore, in the two ſexes, namely, ſo great an inequality in the diſcharges, while the quantity

quantity of blood and humours is ſo nearly the ſame in both, it is contended that the female body muſt have a natural tendency to a plethoric ſtate. This concluſion, indeed, is not only conformable to the laws of the animal œconomy, but even ſeems to be farther ſupported by the credit of ſtatical experiments, and obſervations on morbid caſes. In regard to the latter, there are certainly ſome circumſtances which would induce us to believe that women, *cæteris paribus*, contain more blood than men; otherwiſe, it will be difficult to account, why a weakly woman ſhall, without any manifeſt injury, ſuſtain a greater loſs of blood, in a given time, than a robuſt man; as may frequently be obſerved in profuſe uterine hæmorrhages.

From this diſpoſition in women to generate more humours than is abſolutely neceſſary for the ſupport of their own bodies, it evidently follows that a daily

accumulation of ſuperfluous blood muſt enſue; and it is no leſs evident that this ſuperfluity will in time increaſe to ſuch a degree as greatly to oppreſs the whole vaſcular ſyſtem, and thereby give riſe to a great variety of complaints, unleſs it is occaſionally evacuated by ſome outlet or other. But nature has wiſely provided againſt theſe inconveniences by means of the menſtrual flux, or that periodical diſcharge from the veſſels of the uterus, which conſtantly begins as ſoon, and continues as long in life, as the ſtate of the body requires ſuch a preſervative. This leads us in the ſecond place, to conſider the reaſons, why the redundant blood ſhould be more eſpecially determined towards that organ, and exert a greater force upon it than any other part of the female ſyſtem.

The ſtructure and ſituation of the uterus will readily account for this effect. Not only its texture is ſoft, cellular, and ſpungy,

but

but it is ſupplied with larger and more numerous arteries than any other part of the body, of an equal bulk, while at the ſame time their coats are thinner and weaker in proportion to their diameters; whence it will more eaſily yield to any diſtending force. It is alſo lodged in a pelvis conſiderably larger than that of a man, where it has ſufficient room to be extended in every dimenſion. All theſe circumſtances greatly favour a derivation into the ſubſtance of this *viſcus*. But its veins having not only ſmaller capacities, and ſtronger and more reſiſting ſides, compared with their correſponding arteries, than any where elſe, but likewiſe wanting the aſſiſtance of valves and muſcular preſſure to forward the return of the blood, the conſequence muſt be that a ſuperfluous quantity will be accumulated in the veſſels of the uterus and adjacent parts: from whence the oppreſſion will be propagated over the whole body, and

thereby the ſymptoms, which commonly precede the eruption of the *menſes*, be produced.

The uterine arteries being thus greatly diſtended by the overplus of blood not taken off by their concomitant veins, the lateral openings into their ſmall lymphatic emiſſaries, which terminate in the cavity of the uterus, muſt be dilated along with them, till widening by degrees, they give way at length to the impulſe of the accumulated fluid. At firſt, theſe minute veſſels, whoſe natural office it is to tranſmit nothing but the fineſt vapour for moiſtening the internal ſurface of the uterus, will only receive the thinneſt and moſt watery parts of the blood; and this is the reaſon of the ſerous appearance always to be obſerved at the beginning of every menſtrual period. But as they will be excited into more frequent oſcillatory motions by the unuſual ſtimulus of this fluid, they will

by that means, joined to the weight and preſſure of the incumbent maſs, and the propelling force of the heart, be at length ſtretched and enlarged to ſuch a degree as to give admittance to the red blood itſelf, which they will gently diſcharge into the cavity of the uterus, from thence to be entirely conveyed out of the body by the paſſage of the vagina.

The diſcharge, having once begun, will continue for a longer or ſhorter time, according to particular circumſtances, till the veſſels are entirely freed of their load, or the plethora is wholly exhauſted. After which, in proportion as the ſmall lymphatic branches begin to recover their elaſticity, and contract their diameters, by a removal of the cauſe which had kept them diſtended, the evacuation will be gradually diminiſhed in quantity, as well as altered in quality; becoming more and more of a ſerous and diluted nature, in the

ſame

ſame manner as happens with the lochial flux, till at length, theſe minute veſſels having returned to their uſual dimenſions, and now permitting nothing to paſs but the vaporous lymph already mentioned, it entirely diſappears. It will naturally return, however, at its next period, which commonly happens within the ſpace of a lunar month, when a new plethora, ariſing from the ſame cauſes, and gradually accumulated, will again demand a ſimilar diſcharge.

That the tranſmiſſion of the blood thro' the minute arterial ducts of the uterus, is performed in the manner juſt deſcribed, ſeems to be perfectly analogous to what frequently happens in other parts of the body, where the veſſels are of a texture equally delicate, and, in their natural ſtate, tranſmit nothing but the fineſt lymph; of which, to mention no other,

the inflammation of the *tunica conjunctiva* of the eye is an eminent inſtance.

As, therefore, in many caſes where the blood is obſerved to take ſome new and uncommon route, it would be abſurd to ſuppoſe any other change than a mere dilatation of the veſſels; and as ſuch an enlargement alone will ſufficiently account for the production of the menſtrual flux, it ſeems not a little extraordinary that a man of ſo great learning and judgement as the late celebrated Dr. Friend ſhould, along with the patrons of a lunar influence, and chemical effervescence, have ſupported ſo improbable an opinion as that of the blood forcing its way by a rupture of the uterine veſſels, in every return of that evacuation. Were ſuch the caſe, pain, inflammation, and other bad conſequences would certainly enſue, and continue for a long time after the termination of the period: whereas, on the contrary, it is conſtantly

conſtantly found, that every ſymptom of uneaſineſs vaniſhes immediately along with the eruption. Beſides, the hard cicatrix, which would be conſequent to ſuch a laceration, would neceſſarily create a greater reſiſtance to the *impetus* of the blood at the next period; and this reſiſtance alſo would always increaſe with every repetition of the ſame cauſe; ſo that the effluent blood could not often force its way through the ſame veſſels. Such an hypotheſis, therefore, is equally erroneous and violent, as being repugnant, in every other reſpect, to the ordinary courſe and mild procedure of nature.

Though the doctrine of a general plethora, as having ſo evident a congruity with the laws of the animal ſyſtem, may ſeem to account for the menſtrual diſcharge in a more natural and probable way than any other theory which has hitherto been advanced, yet even this likewiſe has by

ſome been oppoſed, as liable to many objections. From whence has ariſen the opinion of thoſe who admit only a local plethora, or a particular fulneſs and diſtention of the uterine veſſels alone, in the time of the *menſes*; as they imagine the whole phænomena can be equally well explained on this hypotheſis, without any of the difficulties to which the other is expoſed.

The ſubſtance of this theory is, that the blood will be ſolicited in larger quantities to the uterus than any where elſe, on account of the number, diſtribution, and particular ſtructure of its veſſels: that likewiſe its motion from thence will be retarded for various reaſons, but particularly that of the perpendicular ſituation of the uterus, which, ſay they, will greatly obſtruct the returning fluid, as proceeding in a direction contrary to its own gravity: that theſe cauſes of themſelves may produce a periodical accumulation of blood ſufficient

ſufficient to excite the *menſes*, independent of any general plethora: and that the ſymptoms which accompany the diſcharge, and chiefly invade the uterine region, are entirely demonſtrative of ſuch a local affection of that part.

Thoſe who maintain this opinion exaggerate too much the conſequences ariſing from the ſituation and vaſcular texture of the uterus. Whatever may be attributed to theſe circumſtances as auxiliary cauſes, in promoting a periodical derivation of blood towards that part, it would be too much to ſuppoſe they are capable, of themſelves, of producing ſuch an effect, independent of a general plethora. It ſeems enough, therefore, to admit that the uterus by this means receives a larger proportion of the accumulated blood than any other part of the ſame magnitude; not that it is neceſſarily diſpoſed to any ſuch particular repletion.

In regard to this argument from the perpendicular ſituation of the uterus, it is as little concluſive; as the ſame direction of the blood veſſels ought likewiſe to produce a plethoric ſtagnation in other parts. Beſides, it would neceſſarily follow from that ſuppoſition, that a woman confined to her bed for any conſiderable time, ſhould during ſuch confinement be entirely exempted from her *menſes*; becauſe in that ſituation, the erect poſition of the uterus is changed into an horizontal one: and yet experience clearly evinces the contrary, both as to the frequency of the periods, and the quantity of the diſcharge.

Their concluſion from the ſymptoms perceived in the uterus, towards the approach of the periods, is alſo liable to many objections, of which it may be ſufficient to mention only a few.

Firſt,

Firſt, the ſenſe of weight, pain, and tenſion, in the breaſts, head, and other parts, even previous to, and accompanying the uneaſineſs in the uterus, render it highly improbable that the plethora is confined to that organ alone. Some, indeed, have endeavoured to anſwer this objection, by aſcribing theſe more general affections of the body entirely to the power of ſympathy. But this can never be admitted, as the uterus is often affected with a variety of diſorders, without propagating any ſuch ſympathetic feelings to the remoter parts.

Secondly, why ſhould any impulſe be particularly directed towards the uterus, ſo as to create a diſtenſion of its veſſels alone, while at the ſame time, no ſuch effect is allowed to take place in any other part, eſpecially thoſe which are more immediately connected with it? Can it be ſuppoſed, in order to account for this, that the

the heart is endowed with an elective power to produce so peculiar a determination? Such an allegation, surely, would be too gross and absurd for the most zealous patron of the present hypothesis.

In the last place, if a partial plethora be the true cause of the menstrual flux, it may reasonably be asked, how shall we account for the many accidental circumstances which either restrain or promote the discharge? Why are nurses, or others who have undergone large evacuations, so generally free from it? Why, in the case of uterine obstructions, does the blood so frequently force a passage for itself through the lungs, nose, and fingers ends, or other parts equally remote? And lastly, why should the evacuation from any of these parts procure a temporary compensation for that of the uterus?

These,

Theſe, and many more objections, are utterly unexplicable on the ſuppoſition of a partial plethora: but the ſubject admits of an eaſier and far more probable ſolution, if we allow the plethora to be general; as the univerſality of the ſymptoms before the eruption, the frequent tranſlation of the blood from the uterus to other parts, and all the other circumſtances juſt now mentioned, will more naturally coincide with the idea of ſuch a cauſe.

From obſerving that the head, breaſts, and other parts are affected as ſoon as the uterus, towards the term of the menſtrual periods, there ariſes the ſtrongeſt reaſon to believe, that there is at this time a preternatural fulneſs and diſtenſion of all the veſſels of the body, as well as thoſe of the uterus, by which the ſenſe of weight and pain, and the other ſymptoms are ſo generally produced.

Farther,

Farther, when the uterus is ſo much obſtructed that the blood cannot find a way through its ordinary channel, it is often transferred to other parts, where meeting with leſs reſiſtance, it opens a new paſſage, and continues to flow till the uſual quantity is evacuated; after which it will ſtop of its own accord, and all the preceding ſymptoms of uneaſineſs will be as effectually relieved as by the natural diſcharge. This affords another ſtrong preſumption that there is, on ſuch occaſions, an overplus of blood in the body, which cannot be detained without diſturbing the ſyſtem; otherwiſe, what reaſon can be given, why it ſhould force itſelf away by ſo uncommon and violent a method? or, why ſhould the ſymptoms ſo readily abate with ſuch a diminution of its quantity, if they had not owed their riſe to its former ſuperabundance?

It will likewiſe be eaſy to account, on the ſame principle, for the general ceſſation of the uterine flux in women who are conſiderably drained by other evacuations, ſuch as long continued ulcers, frequent bleeding, the giving of ſuck, *&c.* In theſe caſes it is evident, that the true productive cauſe muſt neceſſarily be wanting; namely, there will be no plenitude in the veſſels to furniſh matter for the diſcharge, becauſe the ſuperfluous fluids are conſtantly carried off in a different manner. This, however, ought not to be the caſe, if we admit a local plethora only; as on that ſuppoſition, the flux ſhould ſtill proceed in its ordinary courſe, independent of other accidental diſcharges, which could have but little effect in preventing the uſual accumulation in the uterus, if that had no ſort of connexion with a more general repletion.

Beſides

Beſides the arguments juſt now made uſe of, as ariſing more immediately from the laws of the conſtitution, another evident reaſon may be urged, from the final intention of nature in regard to this evacuation, why the plethora ſhould be general, and the redundancy diſcharged by the uterine veſſels. Women being deſigned for the nutrition of the fœtus, it ſeems abſolutely neceſſary that their conſtitutions ſhould be ſo framed, as to prepare a greater quantity of blood than is ſimply requiſite for the ſupport of their own bodies. Such a faculty, however, could anſwer no end, unleſs there were likewiſe ſome ſuitable contrivance for applying the ſuperfluous portion to its proper uſe. On that account, therefore, the accumulated blood is periodically diſcharged through the veſſels of the uterus, that theſe, by being accuſtomed to a gradual dilatation, may the more readily convey its natural proviſion to the included embryo in time of pregnancy.

Such,

Such, in general, are the arguments which are commonly adduced for the doctrine of a general plethora. Several objections, however, have been raiſed againſt it, of which we ſhall mention a few. It has been urged, for inſtance,

1. If this evacuation depended upon a general plethora, why a periodical hæmorrhage ſhould not likewiſe be common to men?

2. If the menſtrual diſcharge be ſo abſolutely neceſſary for the purpoſes of procreation, as has been commonly alledged by the advocates in favour of this hypotheſis, why it ſhould be totally wanting in the females of every other ſpecies?

3. Why women ſhould generally begin to menſtruate ſo very ſoon as in four or five weeks after delivery, when, both on account of the great loſs of blood they have ſuſtained, and the low and thin diet on

on which they are commonly kept in child-bed, they can hardly be ſuppoſed to be in a plethoric ſtate?

To theſe objections it may be briefly replied, as follows:

1. Men are not equally diſpoſed to a plethora with the other ſex, becauſe in them the *vis vitæ* being much ſtronger, the ſuperfluous quantity, before it is accumulated in any great degree, is more apt to be gradually carried off by one or other of the excrementitious diſcharges. And hence it is, that Sanctorius and others have frequently obſerved in men a periodical increaſe of the urine or perſpiration, correſponding pretty nearly to the monthly flux of women.

2. In reſpect to other animals, the particular texture of their uterus, which is rather a continued vagina, ſeems but indifferently calculated for the purpoſe of

menſtruation. That organ in them is thin and membranous, and far from being ſo ſoft, vaſcular, and yielding as in the human ſpecies: wherefore, it can neither receive the blood in an equal quantity, nor tranſmit it with the ſame freedom and eaſe. This ſufficiently accounts for their want of a periodical diſcharge; and though they procreate without it, this can never be juſtly urged as an objection againſt the doctrine of a general plethora, till phyſiologiſts have more clearly aſcertained the manner in which nutrition is performed in the brute fœtus.

3. In anſwer to the laſt objection, it may be obſerved that, in all animals, abſorption, or the power of generating new fluids, is always proportionable to the former degree of inanition, or the demand of the body for a freſh ſupply: and this faculty ſeems ſo very eſſential that, without it, patients labouring under inflammatory

diſorders, which require large bleeding, and other evacuations, as well as the moſt abſtemious regimen, would never be able to recover. Upon the ſame principle, therefore, we may readily account for ſo early a menſtruation after delivery. For, the woman's body having before been ſo long habituated to prepare a ſuperfluous quantity of blood, the ſame diſpoſition will naturally again exert itſelf, as ſoon as the uſual purgations are conſiderably abated; otherwiſe, it would be difficult to ſay, how the mother, who immediately commences nurſe, could afford the neceſſary nouriſhment to the ſucking infant. This fact, however, being undeniable, it cannot appear ſurpriſing that a woman who does not give ſuck ſhould, in a few weeks after child-bed, accumulate ſuch a quantity of blood as may be ſufficient to produce the menſtrual diſcharge.

Upon

Upon the whole, to conclude in a few words, the moſt probable account of the menſtrual evacuation ſeems to be as follows. That women conſtantly prepare a ſuperfluous quantity of blood, from whence a plethora neceſſarily ariſes, which, in the nature of the thing, muſt be general. That when this has arrived at a certain height, nature, to free herſelf of the load, makes occaſionally an effort for its diſcharge, always in that courſe where it meets with the leaſt reſiſtance. That the uterus, both from its ſtructure and ſituation, is not only well adapted for affording ſuch a paſſage, but is neceſſarily the channel made uſe of for that purpoſe, in order to anſwer the grand intention of nature in the propagation of mankind. That conſequently, from all theſe ſeveral conſiderations, a general plethora is the immediate and efficient cauſe of the menſtrual flux, and the nutrition of the fœtus the ultimate and final cauſe of the plethora itſelf.

From the preceding account of the monthly evacuation, as owing to a plethora, it is eaſy to perceive, as has been formerly obſerved, that its progreſs cannot always be uniformly the ſame in different women, nor indeed in the ſame woman at different times; ſince the term of its firſt appearance, the frequency and duration of the periods, as well as the quantity of the diſcharge, muſt neceſſarily depend on all ſuch circumſtances as may increaſe or diminiſh either the quantity of the blood itſelf, the velocity and force of its motion, or the reſiſtance of the ſolids. Accordingly we find, that the *menſes* are always accelerated or increaſed by heat of climate, high living, eaſe, or any other circumſtance that immoderately ſtimulates or relaxes the ſyſtem; while on the other hand, a more rigid atmoſphere, a laborious life, and penurious diet, produce the contrary effects. For theſe reaſons, therefore, the women of warm countries, particularly the Aſiatics,

where luxury and eaſe conſpire with the climate to overcharge and relax the habit, have always early, frequent, and profuſe diſcharges, and ſuch women are in general extremely prolific. But thoſe who reſide in the colder and more uncultivated regions of the north, being more active and robuſt, from a greater conſtriction of their veſſels, and leſs liable to a plenitude, from the meaner quality of their food, have conſtantly their courſes much later in life, the returns of the periods but ſeldom, and the evacuation in a very ſmall quantity: from whence it happens that theſe women are commonly very barren, and the northern countries, for the moſt part, but thinly inhabited.

The temperate climates hold a middle rank between theſe two extremes. Yet here, likewiſe, there are often ſo great variations, according to the difference of age, conſtitution, and manner of life, that

even in the ſame individual the circumſtances of the flux will frequently vary, along with any conſiderable alteration in any of theſe particulars. In general, however, the plethoric, the indolent, and the luxurious, are moſt apt to exceed the common ſtandard; as thoſe of a different habit, and condition of life, as generally fall below it. Accordingly, we are told by Dr. Friend, that ſome of the former claſs have been known to have a double return of their periods within the ſpace of one lunar revolution; that in others they have continued for ſix or eight days together; and in many the quantity of the evacuation has amounted to twelve ounces and upwards.

The phænomena of the menſtrual flux ſuggeſt two problems in phyſiology, which, as they may appear ſomewhat curious, we ſhall briefly endeavour to account for. The firſt is why the flux, having once begun,

begun, ſhould not always continue; and the other, why, in temperate climates eſpecially, its returns ſhould for the moſt part be confined within the term of a lunar month, rather than any other period of time?

As to the firſt of theſe queſtions, it is evident from the principles which have been already advanced, that the flux muſt be periodical, and not conſtant. Whenever the diſcharge has proceeded to a certain degree, the plethora, which is its true cauſe, is thereby exhauſted. By this means the diſtenſion is neceſſarily taken off the uterine veſſels, which, by their contractile power, will quickly reſtore themſelves to their natural dimenſions; and in that ſituation they will reſiſt the farther paſſage of the red blood, till a new plethora, forming itſelf by degrees, dilates them afreſh, and then a new flux unavoidably ſucceeds: in which manner it will

continue to ſtop, and be renewed, alternately, for any number of times.

In reſpect to the limitation of the periods, that certainly muſt be reſolved into an eſtabliſhed law of nature, whereby the ſeveral powers, concerned in this evacuation, require a particular ſpace of time to produce their mutual effect; and it would be as fruitleſs to enquire, as immaterial for us to know, why the menſtrual flux ſhould be generally limited to a lunar month, as why the heavenly bodies ſhould be originally ordained to perform their ſeveral revolutions in certain ſtated times, rather than any other periods of longer or ſhorter duration. The plethora muſt neceſſarily require ſome time to be formed, from the termination of one diſcharge to the commencement of another; and that time, while other circumſtances are equal, will always continue pretty nearly the ſame; but

but if these should vary, the time will likewise vary in the same proportion.

In women who are healthy the flux proceeds in an uniform course to the years of forty or forty-five; at which time the periods become gradually more irregular and protracted to the decline of life, which, in this temperate climate, is commonly estimated at the age of fifty, when it generally altogether ceases, and along with it the capacity of having children. There are many instances, however, of the evacuation continuing some years longer; and authors record histories of some women who have had their menses, and even proved mothers, at a much more advanced age. In general, it ceases sooner in those who have had it early, than in others with whom it has begun later.

The preceding irregularity, and subsequent cessation of the *menses*, are the effect

effect of that diſproportion, commencing about the age we have mentioned, between the *momentum* of the blood and reſiſtance of the ſolids: for at this time the former begins to be conſiderably diminiſhed, while the latter is equally increaſed. The uterus, in particular, undergoes remarkable alterations. Many of its veſſels are entirely obliterated; others are daily approaching to the ſame collapſed ſtate; its whole ſubſtance is hereby rendered firmer and more rigid than formerly; and its ſenſibility is continually impaired with the change of texture. In this ſituation it does not yield ſo eaſily as uſual to the action of the heart, which is now becoming weaker; and hence ariſes the cauſe of that irregularity of the periods ſome years before the flux entirely ceaſes; till at length, the ſame obſtacles increaſing by degrees, as old age advances, the uterus returns to almoſt the ſame ſtate as before the years of puberty, and is then any longer unfit for its natural

functions.

functions. For as the menſtrual evacuation depends entirely on a due equilibrium between the impelling and reſiſting powers, it muſt neceſſarily vary as that is varied, and finally terminate when the force becomes inſufficient to overcome the reſiſtance.

Though the ſlow and gradual manner in which this change of the uterine veſſels is produced, muſt certainly prevent a number of diſorders, to which a more rapid progreſs of the ſame effect would otherwiſe be liable, yet this critical period of life is commonly attended with a variety of complaints; and theſe are more or leſs troubleſome, according to the length of time between the firſt deviation of the cuſtomary diſcharge from its uſual courſe and its total ſuppreſſion. The moſt common diſorders are, vertigo, head-ach, rheumatic pains, hyſteric affections, fevers and inflammations of different kinds, bloody urine, and unuſual

hæmorrhages from the lungs, noſe, and other parts; all which proceeding commonly from too great a fulneſs of the veſſels, there ariſes from hence another preſumptive argument that a general plethora is the efficient cauſe of the monthly flux. They are either prevented, or relieved, by a ſeaſonable uſe of the lancet, and other evacuations, a cooling diet, and temperate regimen.

The menſtrual blood has been thought by many to be extremely different from the common maſs, and to poſſeſs many ſtrange and even noxious qualities. Ancient authors abound with various whimſical relations to this purpoſe; nor are ſome of the moderns altogether free from ſo ill grounded a prejudice. Miſled by particular hypotheſes, they have imagined, that the menſtrual blood being of a venomous and corrupted nature, it was expelled from the body,

body, in order to free the habit from its pernicious effects.

Theſe erroneous opinions ſeem to have originally ſprung from Aſia, and other hot countries, where the menſtrual blood, being once extravaſated within the cavity of the uterus, and detained for ſome time among the folds of the vagina, muſt neceſſarily acquire an higher degree of acrimony than in more temperate climates. Wherefore, as a commerce with women in that ſituation, was ſometimes obſerved to produce certain inconveniences to the other ſex, it was expreſly forbidden by the law of Moſes, under the ſevereſt penalties; and certain days were allotted for purification, by means of proper ablutions, before the Iſraelitiſh women, either after their natural evacuations, or delivery, were permitted to renew the freedoms of the conjugal ſtate: from whence, the ſame ſalutary cuſtom was early adopted by the neighbouring

neighbouring nations, and ſtill continues to be practiſed all over the Eaſt. But the Jewiſh prieſts, miſtaking the genuine ſenſe of their legiſlator, interpreted theſe neceſſary precautions into an inſinuation of ſome inherent malignity in the uterine hæmorrhage, as the true cauſe of ſo rigid an inſtitution; and by degrees, ſuperſtition, to which they were naturally much addicted, ſupplied a thouſand chimeras to confirm their opinion. By this means, and the careleſneſs of ſucceeding times, which admitted this erroneous interpretation with too implicit a credulity, the menſtrual blood came at length to be univerſally ſtigmatiſed as a poiſonous recrement. Hippocrates, however, who followed no other guide but nature, affords not the ſmalleſt authority for this abſurd doctrine. On the contrary, he evidently entertained the higheſt idea of the perfect purity of the menſtrual blood, by comparing it with that which flows from a victim. And, indeed,

indeed, when we conſider, among other things, the purpoſe for which it is apparently deſigned in time of pregnancy, we cannot avoid concluding it to be of a ſoft, mild, and balſamic nature; otherwiſe, it would certainly make a very improper nouriſhment for the fœtus.

Great controverſies have ariſen among authors, concerning the local origin of the monthly diſcharge; ſome contending that it proceeds from the vagina as well as the uterus, while others aſcribe it to the former only. This ſingularity of opinion ſeems to have been occaſioned by an appearance of the *menſes* in ſome women during the firſt months of pregnancy. The fact cannot be contradicted; but yet it needs not appear very ſurpriſing. The fœtus, at this time, is too ſmall to conſume the whole quantity of blood that uſed to paſs by the uterus; in conſequence of which, eſpecially if the woman be naturally of a plethoric

plethoric habit, a redundancy will enſue. The ſuperfluous portion muſt be diſcharged by ſome outlet or other; and therefore, as it cannot find a way through its ordinary channel, whoſe veſſels are now ſealed up by the adheſion of the placenta, it is highly probable, from the contiguous ſituation of the vagina, that the opening will be made at this part. Such a circumſtance, however, being the conſequence of a violent effort only, and happening but in a few rare and uncommon inſtances, can never be ſucceſsfully urged, to invalidate thoſe concluſions which have been repeatedly deduced from the more ſteady and ordinary courſe of nature. Beſides obſervations made on ſubjects who have died with the diſcharge upon them, a variety of other conſiderations renders it much more probable, that the menſtrual flux, in a natural ſtate, proceeds from the uterus, and not from the vagina. The texture of the uterus is thick, ſoft, and vaſcular, and, conſequently,

conſequently, better adapted to a ſecretory office, than the thin, firm, and membranous ſubſtance of the vagina. The uterus, beſides, from the firſt moment of conception to the hour of birth, being the natural habitation of the fœtus, whoſe nouriſhment appears, by the moſt irrefragable evidence, to depend upon the menſtrual blood alone, it is more analogous to the wiſe conduct of nature in all her other operations, that the evacuation ſhould be made at that part, where only it can be ſubſervient to its original intention.

CHAP. II.

Of an Obſtruction or Suppreſſion of the MENSES, *and of the* CHLOROSIS.

THOUGH various opinions have been entertained by phyſicians concerning the cauſe of the menſtrual flux in women, the utility of that evacuation hath ever been univerſally acknowledged, and it is one of the moſt eſtabliſhed axioms in phyſic, that the greateſt part of female diſeaſes are the conſequence of obſtructed *catamenia*.

The time at which that evacuation commences is generally about the age of fourteen, and its total ceſſation betwixt forty-five and fifty. During that period it is natural to all women who do not give ſuck, nor are pregnant, and ſometimes to thoſe who are ſo till about the third month of geſtation, or even longer, when the fœtus

fœtus having attained ſuch a ſize as to conſume the redundant blood of the mother the uſual evacuation is ſuſpended.

The pre-diſpoſing cauſes of obſtructions of the *menſes* may be reduced to two general claſſes, *viz.* 1. the ſtate of the fluids, and 2. that of the ſolids. I ſhall firſt conſider the former.

I. The circumſtances under which the fluids prove unfavourable to that evacuation are, when the blood is endowed with too great thickneſs, or when it either exceeds or is deficient in the quantity which is proportioned to the conſtitution of the perſon.

1. When the blood is of too thick a conſiſtence it muſt of neceſſity move more ſlowly through the ſmall veſſels; the conſequence of which will be, that it muſt alſo have leſs *momentum*, and therefore the

extremities of the uterine veſſels will not be ſufficiently dilated to allow a paſſage to the menſtrual diſcharge. To this may be added, that the blood ſtagnating through its own viſcidity and the weakneſs of the force with which it is impelled, will be apt to adhere in ſome degree to the extremities of the veſſels, and thereby render their orifices more impermeable.

2. Though the exiſtence of a greater quantity of blood than is neceſſary for the purpoſes of the animal œconomy, ſeems requiſite for producing the menſtrual evacuation, yet an accumulation too much beyond that degree is ſo far from being favourable to the diſcharge, that it frequently ſuppreſſes it. When the quantity of blood in the body is too great in proportion to the moving powers, the circulation becomes more languid, and hence not only the orifices of the ſmall veſſels are opened with

greater

greater difficulty, but the blood is alſo diſpoſed to become more viſcid.

3. If the quantity of blood falls below the ſtandard which is requiſite for the right performance of the ſeveral functions, the veſſels will not be ſufficiently diſtended, nor the force of the circulation ſtrong enough to promote a diſcharge, which is then neither neceſſary nor compatible with the circumſtances of the conſtitution.

II. The ſtate of the ſolids may obſtruct the menſtrual evacuation, when though the blood exiſts in ſufficient quantity, and is impelled with a *momentum* that would be capable of overcoming the reſiſtance to that diſcharge in ordinary circumſtances, yet the orifices of the uterine veſſels are ſo contracted as not to admit of that effect: and this rigid ſtate of the veſſels of the uterus is the cauſe of that pain which young girls who have not been accuſtomed to the

menſtrual evacuation feel at its firſt approach.

The firſt ſymptoms which appear upon an obſtruction of the *menſes* are a pain and heat of the loins and adjacent parts, which are felt more particularly when any of the occaſional cauſes of the diſeaſe have happened to exert their influence about the natural time of the evacuation, and thereby hinder the diſcharge of the blood which had been accumulated for that purpoſe. The patient is alſo commonly affected with a head-ach and a troubleſome pulſation of the arteries, while hæmorrhages often enſue from various parts. She has uſually a loathing of food, or her appetite is whimſical and depraved, entertaining a ſtrong deſire of eating the moſt inſipid and ſometimes even excrementitious ſubſtances. This odd ſymptom is denominated *pica* or *malacia*. She has likewiſe a liſtleſſneſs and languor, with frequent ſhiverings and a quick

quick and low pulſe indicating a ſlight degree of fever, though ſometimes the pulſe is ſtrong. The urine is thick and red, but ſmall in quantity. The eyes appear dull and ſunk. She is troubled with a difficulty of reſpiration, which is frequently interrupted by a cough. Sometimes there is a florid colour in the face, and the veins are varicoſe. The ſick is greatly diſpoſed to watchfulneſs, and complains often of a vertigo and palpitation of the heart. She is much ſubject to a nauſea and lowneſs of ſpirits; falling likewiſe frequently into fainting and hyſteric fits, ſometimes into an apoplexy, or, but what more rarely happens, into a *mania*. In women of a lax and corpulent habit arthritic complaints are ſometimes obſerved to ſupervene. When the veſſels of the uterus are rigid, and the conſtitution ſanguine, an inflammation of that organ ſometimes happens, terminating often in a ſchirrous or cancerous hardneſs, if not in

a ſuppuration or gangrene. Few women whoſe *menſes* are long obſtructed eſcape the *fluor albus*, and many of them fall into the *chloroſis*.

The various ſymptoms and diſorders, conſequent to obſtructed *catamenia*, are to be attributed to that general oppreſſion of the ſeveral functions produced by a redundancy of blood, whence the ſolids are ſo much relaxed, and the fluids ſo vitiated, as to be productive of many morbid alterations in the animal œconomy.

It is ſometimes difficult to diſtinguiſh an obſtruction of the *menſes* from pregnancy, though the point may generally be determined by obſerving the complexion, which in the former caſe for the moſt part appears ſickly. In an obſtruction of the *menſes* likewiſe, no motion is felt in the uterus, nor do the ſymptoms diſappear about the third month, as generally happens in pregnancy,

nancy, when the fœtus having increaſed to ſuch a ſize as to conſume the blood which was wont to paſs by the menſtrual evacuation, the mother is at length relieved from thoſe complaints which had ariſen from a diminution or total ſuppreſſion of that diſcharge. A phyſician, however, who is attentive to his reputation, ought to be cautious in not delivering his opinion too precipitately concerning the matter in queſtion: for it is impoſſible, at a very early period, to determine with an abſolute degree of certainty whether the ſymptoms proceed from an obſtruction of the *menſes* or pregnancy, and an erroneous diagnoſtic in ſuch a caſe may expoſe him to cenſure.

When obſtructions of the *menſes* are recent, they may be reſtored without much difficulty: but if the evacuation has been long ſuppreſſed, there is ſcarcely a caſe in phyſic more obſtinate. The cure is alſo eaſier when the diſorder proceeds from

from a plethora, than when it is owing to a viſcidity of the humours, or a conſtriction of the uterine veſſels. It is commonly obſerved that fat women, and thoſe who uſe much exerciſe, are leſs expoſed to injurious conſequences from obſtructions, than ſuch as are of the oppoſite conſtitution, and who uſe a different manner of life. When the ſuppreſſion of the *menſes* has produced a great degree of cachexy, if the diſorder is not ſpeedily remedied, it generally terminates either in a fatal dropſy or conſumption.

There is no diſeaſe in which the indications of cure are more various, or where greater preciſion is neceſſary in forming a judgement of the cauſe, than in menſtrual obſtructions. For medicines which are proper in one caſe may prove ineffectual or even hurtful in another. On this account, it will be expedient to take a more particular view of thoſe obſtructions, and to conſider

conſider the methods of cure moſt ſuitable to the different cauſes upon which they depend.

When a ſtoppage of the monthly evacuation is owing to a deficiency of blood, which may be known from tedious diſeaſes or profuſe evacuations having preceded, the beſt emenagogues are thoſe medicines which ſtrengthen digeſtion, ſuch as the bark, bitters, and ſteel, with a reſtorative diet and proper exerciſe. When by theſe means the patient's habit of body is reſtored, and ſhe has attained ſuch a quantity of good blood as to furniſh matter for the natural diſcharge, the evacuation may return of its own accord: but if it ſhould not appear within the ſpace of a menſtrual period, the blood ought to be determined to the uterus by frequent doſes of *tinctura ſacra*, or other aloetic medicines; during the uſe of which, the patient ought to ſit for ſome minutes every evening over the ſteams

ſteams of warm water, which, in order to have the greater effect, may be conveyed into the vagina by means of a funnel. Tepid vapours, when thus applied, relax the uterine veſſels, and make them yield more eaſily to the diſcharge.

If, as frequently happens, a plethora or too great an abundance of blood be the cauſe of menſtrual obſtructions, the indications of cure are to diminiſh its quantity by bleeding and gentle purgatives. For while the veſſels are over-loaded, not only their action becomes too feeble to propel the blood with ſufficient force through the ſmall ramifications, but alſo the lateral preſſure thence ariſing, to which the uterus is particularly expoſed from its intricate texture, muſt prove extremely unfavourable to the evacuation from that part.

Phyſicians have differed in opinion concerning the veins in which bleeding may in

in this caſe be performed with the greateſt advantage; but it is now become the eſtabliſhed practice to perform it in the lower extremities, where the veins of the foot or ancle are generally fixed upon for the purpoſe.

Bleeding in theſe veins tends greatly to facilitate the eruption of the *menſes*, by increaſing the velocity of the blood in all the branches of the deſcending *aorta*. In plethoric women, however, it may ſometimes be proper to draw ſome blood from the arm, as Riverius obſerves, previous to bleeding in the foot, in order to relieve the uterus, when a pain and tenſion are felt about that part, after which venæſection in the foot will prove much more effectual.

Some have imagined bleeding to be moſt advantageous when it is performed about the period at which the *menſes* uſed naturally

rally to flow; and, if the obſtruction is recent, ſuch a method is undoubtedly the moſt adviſeable: but if the complaint is of longer ſtanding than two months, it is of no conſequence at what period we have recourſe to the operation. For the return of the *menſes* is not regulated by the ſtated revolutions of time, but by the accumulation of a proper quantity of blood; and they will therefore begin again to flow whenever the quantity is reduced to ſuch a ſtandard, provided that there exiſts no other cauſe which may impede the evacuation.

After bleeding, cathartics ought to be adminiſtered, in order to promote the diſcharge; and of theſe the aloetic kind appear the moſt ſuitable. I have often preſcribed two ounces, or even ſomewhat more, of the *tinctura ſacra*, to be taken in the morning, with great ſucceſs. Some have in this caſe adviſed the draſtic purgatives as the

moſt efficacious: but I have never experienced them to be of any ſuperior advantage, particularly in delicate women, tho' I have frequently found them to excite hyſterical ſymptoms by their ſtrong irritation. Theſe purgatives may alſo be preſcribed to be taken at night, in ſmall doſes, and continued for ſome time; in which manner I have frequently ordered the *pilulæ ruſi* with ſatisfaction, to which I have alſo ſometimes added two or three grains of calomel every ſecond or third night, the more effectually to remove the obſtruction of the uterine canals; or in place of theſe, I have given the *pilulæ mercuriales laxantes*.

In ſanguine conſtitutions, however, or where the obſtruction of the *menſes* ſeemed to be owing to a diſtenſion of the hæmorrhoidal veins, infuſions of ſena or rhubarb have anſwered better than aloetic medicines.

In

In women who are hyſterical, laxative clyſters, charged with anti-hyſteric medicines, are preferable to the other method of evacuation; as are alſo emetics frequently repeated: though in few caſes ought we to give any ſtronger than ipecacuan.

The uſe both of purgative and emetic medicines in obſtructions of the *menſes*, is to excite contractions in the ſtomach and inteſtines, thence to be propagated to the uterus, which organ will alſo be forcibly agitated by the convulſive motion of the diaphragm and muſcles of the *abdomen*, in the action of vomiting. For the ſame reaſon ſternutatories alſo prove ſometimes beneficial in opening obſtructions of the *menſes*.

During this courſe, the patient ſhould take twice a day a tea ſpoonful of the *tinctura helleb. nig.* out of ſome emmenagogic infuſion. This medicine was much

recommended by Dr. Mead, and I have often found it ſucceſsful, particularly in young girls who had a difficulty in their firſt menſtruation. The other moſt approved medicines in this caſe are the fœtid and reſinous gums, of which the diſpenſatories abound with various compoſitions.

Obſtructions of the *menſes* in women of a lax and cachectic conſtitution are to be cured by a very different method of treatment from that which is proper in thoſe who are ſtrong or plethoric. For while in the latter the retention of the flux is cauſed either by a redundancy of blood or a conſtruction of the veſſels of the uterus, it is occaſioned in the former by a defect or viſcidity of the fluids, and a weakneſs of the vaſcular ſyſtem. In ſuch caſes, therefore, the indications of cure are not to diminiſh, but increaſe the quantity of the globular part of the blood, and by ſtrengthening the whole body to render the

circulation more briſk. Here, then, we muſt entirely refrain from bleeding, and have recourſe to chalybeate medicines, which are juſtly eſteemed as the moſt ſovereign remedies in all diſorders ariſing from relaxation.

When the pulſe was low, and the conſtitution cachectic, I have generally preſcribed chalybeates along with ſtomachic medicines, without any mixture of emmenagogues. For as in theſe caſes the obſtruction of the *menſes* depended not upon any partial cauſe, the moſt effectual means of recalling the evacuation ſeemed to be to alter the whole habit of body, which was beſt to be performed by the uſe of chalybeate medicines. Nevertheleſs, where the veſſels required to be cleared, as is often the caſe in leucophlegmatic habits, the addition of emmenagogues may be of advantage at the beginning of the cure, by facilitating

facilitating the effect of the other remedies.

Beſide internal remedies, topical applications are of great advantage in removing a ſtoppage of the *menſes*, eſpecially when it proceeds from a conſtriction of the veſſels of the uterus. In ſuch caſes I have found nothing ſo effectual as vomiting in the *ſemicupium*, or warm bath, where the patient was placed with her legs in an horizontal ſituation, and the water reached to about her navel. The ſucceſs of this method has ſometimes been ſo immediate, that the patient has been ſenſible of it in the very bath. At any rate, the repetition of it once or twice a week, during the uſe of other remedies, ſeldom failed of recalling the flux in a ſhort time.

If we conſider the manner in which this method operates, no expedient whatever can appear more advantageous for the

purpose. For while, by the action of vomiting, the fluids are propelled with greater force, they are also directed in a particular manner towards the uterus, by the relaxing quality of the warm bath. Thus the bad consequences, which some have apprehended from the common method of vomiting in menstrual obstructions, may not only be prevented, but its operation may be rendered highly salutary in the cure of those complaints. I have also frequently prescribed this manner of vomiting in other cases, where though the situation of the stomach indicated an emetic, there nevertheless were inconveniences to be dreaded from the greater quantity of blood which would necessarily be sent to the head by that action, if not prevented by such a derivation as might counteract that effect.

Emollient fomentations have also their advantage in deriving the blood to the uterus,

uterus, being applied warm to the hypogaſtric region. Or flannel, wrung out of the decoction, may be applied in the ſame manner, and renewed as ſoon as it is cold.

For the ſame purpoſe the vapours of warm water, or of an emollient decoction, as mentioned above, received into the vagina, and uſed for half an hour at a time, are highly advantageous. Care, however, muſt be taken in that caſe, that the vapour be not too hot.

When an obſtruction or ſuppreſſion of the *menſes* is owing to a ſpaſmodic conſtitution of the uterine veſſels, proceeding from cold, any violent paſſion of the mind, or other cauſes, next to the *ſemicupium*, the chief external remedy is bathing the feet in warm water, which ought to be frequently repeated. In this caſe oily draughts, taken in ſuch doſes as the ſtomach can

bear, are likewiſe extremely ſerviceable in removing the ſpaſm; as are likewiſe clyſters of warm water, with thirty or forty drops of laudanum.

We are furniſhed with ſome inſtances of obſtinate menſtrual obſtructions being cured by electrifying, and drawing the ſparks chiefly from the thighs. Of this method of cure, however, I have never had any experience: but from the obſervations of thoſe who have tried it, it ſucceeded beſt where the pulſe was weak and languid.

Young women, in whom the veſſels of the uterus are tenſe, are expoſed, about the return of the *menſes*, to violent pains of the back and belly, faintings, delirium, and ſometimes even convulſions. In theſe circumſtances the *ſemicupium* is of remarkable advantage; or where that cannot readily be procured, a clyſter of warm water, with forty or fifty drops of laudanum, and a flannel

nel bag of emollient herbs, wrung out of warm water, and applied to the *abdomen*, may be ſubſtituted in its room. When the patient is coſtive, a laxative clyſter with *aſſa fœtida* ſhould be adminiſtered, in order to procure a ſtool, previous to the injection of the anodyne.

For preventing the above-mentioned complaints at the approach of the menſtrual flux, bathing the feet frequently in warm water, during the intervals of that evacuation, with ſome doſes of the *pilulæ ruf.* and oily draughts, is attended with good effects; and the ſame method is beneficial in the cure of thoſe pains which follow upon the ceſſation of the flux.

Faintings and convulſive fits ſometimes likewiſe ſucceed every period of the *menſes*, when the diſcharge has been leſs copious than uſual. In ſuch caſes a little blood ought to be drawn from the arm,

and a courſe of ſuch medicines ſhould be preſcribed as have been recommended in obſtructions, along with a frequent uſe of the *pediluvia*.

Among the mechanical methods of promoting the *menſes*, the application of cupping-glaſſes to the haunches and thighs, and frictions of the lower extremities, are frequently uſed with good effect, by their tendency to accelerate the motion of the blood in the veſſels of the uterus.

It deſerves to be remarked, that clyſters, purges, vomits, and all the other methods of derivation which have been mentioned, are always uſed with the greateſt advantage when the blood is accumulated in the uterus for the menſtrual evacuation, and nothing more is required than to ſtimulate that organ to the diſcharge. But they are alſo extremely beneficial where the blood is endowed with any degree of viſcidity,

dity, if uſed in the intervals; ſince by exciting a briſker motion in the veſſels of the uterus, they ſerve to diſlodge, or prevent ſuch grumous collections of the fluids as might obſtruct or retard the evacuation.

In all obſtructions of the *menſes*, moderate exerciſe is highly advantageous, eſpecially when uſed about the return of the periods; and in particular, I have obſerved frequent dancing to be attended with good effect.

When all our endeavours to recal the menſtrual flux have proved ineffectual, a palliative cure is only what can then be adviſed; and for that purpoſe a vein ought to be opened once a month, to ſupply the place of the natural evacuation.

Of the CHLOROSIS.

OBSTRUCTIONS of the *menſes* are frequently productive of a particular ſpecies of cachexy, which is known by the various names of *chloroſis, febris alba, febris amatoria, morbus virgineus, icterus albus,* or *green ſickneſs.*

In this diſorder the face is generally of a pale and greeniſh colour, ſometimes of a livid or yellow, and frequently inflated; which laſt ſymptom is moſt obſerveable in the eye-lids, eſpecially after ſleep. Theſe parts are likewiſe of a livid caſt; the eyes appear hollow, and the lips unuſually pale. A tenſion and weight are felt in the loins and extremities, the feet are often cold, and, together with the parts about the ancles, generally ſwell and pit towards night. The appetite is commonly either weak or whimſical and depraved; the patients

patients often desiring to eat of lime, chalk, coals, cinders, and such like unwholesome and indigestible substances. There are also frequent heart-burns, and sometimes a *nausea* and vomiting. A head-ach likewise often intervenes; and a difficulty of breathing, with a palpitation of the heart, is felt upon any brisk motion. An indolence and lassitude are complained of. The pulse in general is quick and low, and discovers a small degree of feverishness. All these symptoms discover an universal relaxation of the solids, and a vitiated crasis of the blood.

This disease sometimes seizes children of eight or nine years of age, but most commonly those who are about thirteen or fourteen, and is generally terminated by the eruption of the *menses*. Where the constitution is not extremely weak, it is seldom attended with much danger, or long resists the use of proper medicines. But

if it ſhould be neglected, and eſpecially, as often happens, be joined with the *fluor albus*, it may in time prove fatal by producing obſtructions in the bowels. I have known ſome caſes where conſumptions of the lungs have followed from an high degree of the chlorotic cachexy, when a natural diſpoſition to an hæmoptoe would not admit of an effectual method of cure.

Various cauſes have been aſſigned for the production of this diſorder, of which the moſt general is an obſtruction of the menſtrual diſcharge, or an alteration made on the fluids about the time when that evacuation begins. It has likewiſe been thought that it may proceed from a longing deſire after ſome particular perſon, or the exchange of a ſingle for a connubial ſtate; but when the diſeaſe appears under the circumſtance laſt mentioned, there is reaſon to apprehend that

that it may be the conſequence of the *fluor albus*.

The judicious Hoffman reckons the *chloroſis* entirely a ſpecies of cachexy, induced by a relaxed habit of body, and a diminution of the digeſtions and diſcharges. And, indeed, as the diſeaſe is ſometimes incident to young girls who are ſeveral years below the age of menſtruation, it would appear that it may be owing to other cauſes than the ſtoppage of that flux, to which it has been ſo generally attributed. A ſuppreſſion of the monthly diſcharge can only be ſuppoſed to affect the conſtitution by producing a redundancy of blood, whereby the veſſels muſt be too much diſtended, and conſequently relaxed. In ſuch a ſtate of the body, neither the organs of digeſtion can act with ſufficient force on the aliments, nor the crude and imperfect chyle be ever duly elaborated, in the ſubſequent proceſs of ſanguification, by a vaſcular

cular endowed with equal debility. The conſequence of ſuch a defect of digeſtion muſt be a general increaſe of weakneſs, whence the fluids will be moved with leſs velocity, and the ſecretions and excretions be diminiſhed. For theſe reaſons the impure humours, which ought to be diſcharged, will be retained in the body, and a ſerous cachexy will enſue.

From this view of the manner in which the *chloroſis* may be produced by a ſuppreſſion of the *menſes*, it is obvious that it may alſo be generated by any other cauſe which has a tendency to relax the conſtitution in an equal degree. Among theſe may be reckoned a luxurious and inactive life, a moiſt atmoſphere, and great anxiety of mind.

That the uſe of a plentiful diet, with too little exerciſe, may be the cauſe of cachectic diſorders, is confirmed by daily experience, and

and was obſerved ſo long ago as by Aretæus. When more food is received into the ſtomach than it is capable of digeſting, a vitiated chyle is produced, which can never afterwards be converted into good blood; while, by a defect of exerciſe, the excretions are alſo diminiſhed, and the veſſels are loaded with impurities.

In a moiſt atmoſphere the fibres are relaxed, and the perſpiration leſſened, whence likewiſe ariſes ſuch an accumulation of humours as forms our idea of a cachectic conſtitution.

Nothing relaxes the body more than long continued anxiety of mind, which, by cauſing indigeſtion in the ſtomach, and diminiſhing the force of the circulation, produces impurities in the blood.

As the proximate cauſe of the *chloroſis*, therefore, appears to be a cachectic ſtate of the

the fluids, induced by a defect of the digeſtions or natural diſcharges, the intentions of cure are to evacuate the groſs humours, and prevent their regeneration by ſtrengthening the whole body.

If the *chloroſis* be in its infancy, and has ariſen from a ſtoppage of the menſtrual flux, bleeding to the quantity of ſix or eight ounces is proper at the beginning of the cure, in order to abate the diſtenſion of the vaſcular ſyſtem, and facilitate the performance of the ſeveral functions depending upon a free circulation. But if the above-mentioned circumſtances do not exiſt, or the patient be weak, venæſection would prove detrimental.

At whatever ſtage of the diſeaſe the cure is begun, it is neceſſary to exhibit a gentle emetic, to diſcharge the viſcid and acid humours which have been generated in the ſtomach by a weakneſs of digeſtion, and of the

the exiſtence of which, in this diſeaſe, the general ſtate of the fluids, as well as the depraved appetite, affords ſufficient teſtimony.

After a vomit purgatives are to be adminiſtered, both to cleanſe the alimentary canal, and drain off the phlegmatic humours by the inteſtinal glands. For this purpoſe the warmer and aloetic purges are moſt ſuitable. To anſwer the firſt intention, namely, of cleanſing the alimentary canal, they may be properly exhibited once or twice in a full doſe; after which, the method of adminiſtering them as alteratives is moſt ſucceſsful; as when given in ſuch a manner, they both prepare the viſcid humours for being diſcharged, and evacuate them without weakening the patient. Fifteen grains of *pilulæ rufi*, or a table ſpoonful of *tinctura ſacra*, taken at bed-time, prove extremely beneficial; as does likewiſe the *elixir proprietatis*,

uſed in the ſame manner, in the quantity of thirty drops. I have ſometimes given four or five grains of calomel made into a pill with conſerve of roſes alternately with thoſe aloetic medicines, with remarkable benefit; or inſtead of them the following compoſition, which, when the fluids are viſcid, and the glands much obſtructed, is an excellent deobſtruent, and ſlow purge.

℞ Aloes ſocotrin. drachmas duas.
Gum. ammoniac.
Myrrh.
Extract. hellebor. nig. ana drachmam unam.
Syr. commun. q. ſ. ut fiat maſſa pilularis formand. in pil. gr. V.
Capiat IV. omni nocte hora ſomni.

Either along with theſe alterative medicines, if the patient is not plethoric, or otherwiſe after the quantity of humours

has been diminiſhed by their operation, chalybeate remedies are to be adminiſtered, which, in all cachectic diſorders, are of admirable efficacy, not only by attenuating the groſs fluids, and opening all obſtructions of the veſſels, but alſo by ſtrengthening the whole body. Invigorating the fibres, and giving thereby a greater force to the circulation, they promote both the digeſtions and diſcharges, and ſo purify the blood from ſuch humours as had been accumulated by a defect of the natural functions. Chalybeates deſerve juſtly to be eſteemed as the moſt indiſpenſible remedies in the cure of the *chloroſis*, and to the operation of which all other medicines are to be conſidered in a manner as only preparative. I have often preſcribed them ſucceſsfully in the following form.

℞ Limatur. ferri ſemunciam.
Conſerv. abſynth. roman. ſeſcunciam.
Ol. cinnamon. guttas tres.
Syr. caryophyllorum. q. ſ. fiat electuarium, cujus capiat ægra quantitatem nucis moſchat. bis in die, ſuperbibendo vini ſequentis cochlear. quatuor.

℞ Rad. gentian.
Zedoar. ana drachmas ſex.
Cort. aurantior. unciam unam.
Summitat. centaur min. drachmas duas.
Vini Liſbonenſis lib. duas. Digere per quatriduum, et cola.

To delicate women, inſtead of the electuary, I have given, with equal advantage, the *vinum chalybeatum*, mixed with the above ſtomachic tincture, in the proportion of one part to three.

During

During the uſe of ſteel medicines proper exerciſe ought to be enjoined: and if they have not been entered upon till the courſe of the alterative purgatives is concluded, and the patient is coſtive, a gentle laxative, ſuch as an infuſion of rhubarb and manna, ſhould be interpoſed every third or fourth day.

By theſe remedies I have generally found the habit of body altered in a very ſhort time; when, if the patients were of an age at which menſtruation ought to be regularly performed, and the flux did not appear ſoon after, I adviſed a continuance in the ſame courſe for a few weeks longer; either joining the chalybeate and other alterative medicines together in various forms, as was moſt agreeable to the taſte of the patient, or preſcribing each to be taken alternately for a week at a time.

Beſide the filings of iron, or its ſeveral preparations, the natural ſpaw waters, which contain a chalybeate principle, are of great efficacy in the cure of a *chloroſis*, when the diſeaſe has proved obſtinate.

I have known four inſtances, within theſe few years, of young girls, two of whom were about fourteen years of age, and the other two from ſixteen to eighteen or nineteen, in whom the *menſes* were deficient, who were cured of a chlorotic complaint by drinking ſea water; only one of them had uſed bathing at the ſame time. I have alſo known ſome caſes of ſimilar ſucceſs from the drinking of other waters, which were not impregnated with a chalybeate, but a ſaline or ſulphureous principle. In all theſe inſtances, the blood was depurated by an increaſe of the natural diſcharges, while, by means of proper exerciſe and diet, the patients recovered their

their former ſtrength, and the cure was completed.

Upon the ſame principle an infuſion of the woods in lime-water, with, or without, the addition of a little tincture of ſteel, has been found to be ſerviceable. But before the uſe of ſuch a courſe the *primæ viæ* ought to be cleanſed, and the groſſer parts of the viſcid fluids evacuated by the uſe of purgative medicines.

When the diſeaſe has proved obſtinate, I have often obſerved good effects from joining the Peruvian bark with ſteel and the warmer ſtomachic medicines.

The cold bath has been recommended in obſtinate chlorotic caſes; but it ought not to be adviſed before the exhibition of purgative medicines, eſpecially when the patient is plethoric. I have found it moſt advantageous when it was had recourſe to

after the uſe of inward ſtrengthening remedies, or alternately with them.

When the *chloroſis* proceeds from an obſtruction of the *menſes*, the entering into a conjugal ſtate is commonly found to effect a perfect cure, even without the aſſiſtance of medicines.

The only ſymptom in this diſeaſe which requires any particular palliative treatment, independent of the general indications, is the tumour of the feet and parts about the ancles, which is uſually accompanied with a coldneſs. To remedy theſe complaints, the parts affected ſhould be rubbed every night with a warm towel, and a linen bandage be rolled pretty tight round the leg, to compenſate for the relaxation of the fibres, and make the fluids return more briſkly to the heart.

As

As the green ſickneſs is attended with a relaxed ſtate of the ſolids and a deficiency of perſpiration, a warm and dry air is of conſiderable advantage in the cure, which on that account I have generally found to be ſooner completed in the ſummer and autumn than in the winter and ſpring.

A particular attention to diet is here likewiſe neceſſary, ſince without the aſſiſtance of proper aliments neither the bad ſtate of the fluids can be ſoon corrected, nor the ſtrength reſtored. Fleſh of eaſy digeſtion and agreeably ſeaſoned with ſpices, is therefore the moſt proper kind of food; which ought alſo to be taken in a moderate quantity; for nothing is more prejudicial in all diſeaſes depending on a crude ſtate of the fluids than too great repletion, as by preventing the concoction of the aliments it not only increaſes the load of humours, but diſpoſes to farther relaxation. All acids ought particularly

to

to be avoided. Wine and water for drink are preferable to malt liquors. Frequent moderate exercise, especially riding on horse-back, is highly advantageous, and ought to be diligently persisted in, notwithstanding the uneasiness it occasions when the disease is far advanced. The sleep should be moderate, and the desponding passions of the mind be carefully avoided.

CHAP.

CHAP. III.

Of the immoderate Flux of the MENSES.

THOUGH the menſtrual diſcharge is appointed by nature for the ſafety and preſervation of the ſex, yet that ſalutary function is liable to ſo great irregularities, from a variety of different cauſes, that it often proves the ſource of their greateſt diſorders. It may err, either by its exceſs, diminution, or total ſuppreſſion. Theſe different irregularities produce ſome diſorders in common, and others which are peculiar to each; and therefore they all demand the moſt careful attention, in order to prevent the many bad conſequences, by which they are ſo frequently ſucceeded. The former, however, ſeems, in a particular manner, an object of the moſt ſerious conſideration,

as

as the uterine hæmorrhage is ſometimes ſo impetuous in its attack, and violent in its effects, as often to deſtroy the patient before the proper remedies can be adminiſtered; or, if ſhe eſcapes with life, it commonly leaves her ſo weak and exhauſted, that ſhe generally ſinks into ſome chronic diſeaſe, which always renders the remainder of her days uncomfortable, and at length wears her out.

The flux is immoderate, either when the periods return too often, when they continue too long, or when too much blood is diſcharged at one time. But as theſe circumſtances may be variouſly united, there may, likewiſe, be various degrees of the diſeaſe, increaſing gradually, according to the ſeveral accidental combinations, from the moſt ſimple appearance which is produced by an error in any one of them ſingly, to the higheſt and moſt complicated ſtate which can reſult

reſult from the joint operation of the whole.

To obviate every poſſible miſtake, however, ſome care will be neceſſary, as it is not always eaſy to determine with exactneſs, what ought to be called *an immoderate flux*. For, in ſome women, the ſame quantity may merit that appellation, and conſtitute a real ſtate of diſeaſe, which, in others, would amount to no more than what is purely natural, and perfectly conſiſtent with health; and therefore every proper allowance ought always to be made for the age, temperament, and other particular circumſtances, which are commonly found to create ſo ſpecific a difference in the female habit. A warm climate, a youthful ſanguine conſtitution, a plentiful diet, and an eaſy and inactive life, will, each of them, ſeparately augment the quantity of the diſcharge, as well as promote the frequency and prolongation of the periods; but,

but, if they happen, either partially, or totally, to be combined together, their effects will be always increaſed in a ſuitable proportion. In ſuch caſes, more plentiful evacuations than common ought not to be regarded as morbid; on the contrary, the welfare of the conſtitution abſolutely requires them, and an imprudent attempt to diminiſh them has often been attended with fatal conſequences. But farther, even in the ſame individual, the flux will frequently prove much greater than ordinary, without any prejudice to the patient, on account of a previous obſtruction of the *menſes* themſelves, or ſome other temporary and accidental cauſe, which may produce a plethoric ſtate. Hence, therefore, every increaſe of the diſcharge, above the common ſtandard, is not to be accounted a diſeaſe. It only deſerves that name, when it is inordinately violent and profuſe, or otherwiſe accompanied with ſymptoms which prognoſticate danger.

danger. For the effect, not the measure of the evacuation, is generally the surest criterion to judge by.

As every other hæmorrhage, of the spontaneous kind, is generally preceded by some particular affections, which shew the blood to be more copiously and forcibly determined to that part from whence the eruption is afterwards to proceed, than to any other, so likewise the uterine flux of women is always indicated by its peculiar symptoms. Before a bleeding at the nose, there are constantly a distension and strong pulsation of the carotid and temporal arteries, an uncommon heat and flushing of the whole countenance, particularly of the nostrils, along with an itching of that part. In people subject to an *hæmoptoe*, a sense of oppression, heat, weight, and pain, at the *præcordia*, difficulty of breathing, and a tickling cough, attended with a slight degree of hoarseness, are the common fore-

runners

runners of a diſcharge from the lungs. In like manner, from a perception of dull heavy pains in the loins, and parts adjacent to the uterus, together with head-achs, and other particular ſymptoms, the ſex are generally premoniſhed of their approaching evacuations.

When the uterine diſcharge is moderate, every ſymptom of uneaſineſs vaniſhes along with it, and the woman enjoys her former ſtate of health, till the return of the next period renews the ſame complaints. But, on the contrary, if the flux be more profuſe, and, as frequently happens, greatly exceeds that quantity which is natural to the conſtitution, it commonly leaves the patient low, feeble, and exhauſted; and ſeveral repeated attacks of the ſame kind will not only increaſe theſe ſymptoms of debility, but likewiſe induce a variety of others, which often prove obſtinate in their nature,

nature, and ſometimes unfavourable in their event.

The ſame bad conſequences will likewiſe reſult, either from a too frequent return, or too long continuance of the diſcharge, though the quantity of blood, evacuated in a given time, ſhould not be conſiderably increaſed.

The moſt common ſymptoms, ariſing from theſe irregularities of the menſtrual evacuation, are the following.

Firſt, as hath been ſaid, there is a ſenſe of languor, weakneſs, and a lowneſs of ſpirits. Theſe complaints are daily increaſed, and a ſeries of others continually ſucceeds. The alimentary canal is ſoon affected, the appetite decays, and the digeſtion becomes imperfect. For theſe reaſons, joined to the frequent loſs of blood, the whole body is extenuated, and the

countenance, in particular, is pale and emaciated. The action of the heart, likewise, as well as that of the whole vascular system, being much impaired, the circulation in general becomes extremely languid: from whence proceed a small and weak pulse, coldness of the extremities, and frequently an œdematous swelling of the feet and legs. The relaxation becomes more and more general; and fixt pains in the back and lumbar region, a *fluor albus*, with a train of hysteric symptoms, such as convulsive motions and faintings, proceeding from the irritation of coagulated blood in the uterus, are frequent concomitants of the disease. In short, the whole system by degrees feels its effects, till at length, an anasarca, ascites, hectic fever, and atrophy prove the melancholy harbingers of approaching fate.

It is unnecessary to enter into any theoretical explanation of these symptoms, as the

the whole appear chiefly to depend on a diminution, or impoverished state, of the blood, and a relaxed condition of the solids.

The effects above mentioned are what commonly proceed from an immoderate uterine hæmorrhage, after it has continued to molest the patient for a long course of time. Instances, however, have occurred, though happily but few, wherein the discharge has proved so very violent and excessive as speedily to terminate in the extinction of life. In such cases, a number of alarming symptoms are suddenly produced. The face looks pale and ghastly, the body is bedewed with cold and clammy sweats, the extremities grow cold; hiccup, tremors, and *subsultus tendinum* supervene; the pulse becomes small, weak, and fluttering; and, lastly, a syncope succeeds, in which the exhausted patient sometimes expires; because the remaining

blood is no longer able to ſtimulate the heart, or move the ſprings of life.

The diagnoſtic ſigns of this diſeaſe are few and obvious, and may be eaſily collected from the above deſcription. Few women are ſo inexperienced as not to know when their evacuations exceed the natural limits; and the phyſician can never be at a loſs to determine, if he finds the diſcharge accompanied with an unuſual paleneſs of the face, and univerſal debility, together with more or leſs of the other ſymptoms which have been enumerated; eſpecially, if he alſo takes into the account, the conſtitution, age, and other circumſtances of his patient. It has been obſerved, that every evacuation greater than ordinary is not properly to be reckoned a diſeaſe; as ſome women have naturally more copious diſcharges than others, and the quantity may ſometimes be increaſed in the ſame woman, from particular cauſes, without producing

producing any inconvenience. In either of theſe reſpects, it might be dangerous to interfere by preſcriptions for leſſening the quantity of the flux. And, therefore, to determine the nature of particular caſes, the ſymptoms, and other circumſtances of the patient, are chiefly to be attended to; as, otherwiſe, the diagnoſtics, if taken from the quantity of the blood alone, might often prove very fallacious.

In general, women of a ſoft and delicate conſtitution, and ſuch as live too much on a thin and watery diet, are more ſubject to a preternatural diſcharge of blood from the uterus, than thoſe who are more robuſt, or who uſe more ſolid aliments. Thoſe, likewiſe, who are expoſed to hard labour, and ſuch as requires violent ſtraining, or great exertions of the ſtrength, are extremely liable to this diſeaſe. Sometimes, alſo, its invaſion is greatly determined by the particular period of life. It has ſel-

dom been obſerved in young girls before the ordinary time of menſtruation, though maids, arrived at greater maturity, have ſometimes been ſeized with it. Women who have born children, are much more ſubject to it, than thoſe who have never been mothers; on account of the great relaxation brought on the uterine veſſels, either in conſequence of pregnancy, or laborious births. But, of all women, none are more liable to profuſe uterine hæmorrhages, than thoſe in the decline of life, or about that time when their *menſes* are ready to forſake them. Nor is the reaſon of this difficult to explain. From changes natural to the human frame, the wonted periods are now become leſs frequent and regular than formerly; and hence it often happens, that the blood is collected in a very high degree, after one diſcharge is over, before another ſucceeds. In ſuch a caſe, when the new hæmorrhage begins, it will not only be in proportion to

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the preceding plethora, but, likewiſe, it will frequently continue much longer than is neceſſary for taking off that load; as the uterine veſſels, having now loſt much of their elaſtic tone, may not always be able to contract themſelves ſufficiently, when the ſuperfluous quantity is exhauſted. Hence, then, it ſeems natural, that the floodings of old women muſt often prove more critical than thoſe of younger ſubjects; becauſe, in the latter, the contractile power of the ſolids will frequently, of itſelf, either put a ſtop to the diſcharge, or, at leaſt, more readily facilitate the operation of medicines in producing that effect.

As the uterine flux, in its natural ſtate, depends on a due equilibrium between the *momentum* of the blood, and the reſiſting force of the ſolids, it follows that every accident, which deſtroys that proportion, muſt neceſſarily vary the quantity of the

diſcharge, by occaſioning more profuſe evacuations, partial obſtructions, or entire ſuppreſſion, according to the nature of the particular cauſe, and its relation to any of theſe effects. The diſcharge is increaſed, in general, by a preternatural determination of the blood to the uterus, or an unuſual relaxation of the veſſels of that organ; and, in proportion to the degree of theſe different circumſtances, will it always be more or leſs violent. Such a determination of the blood may be excited, either by a plethora, or too great a degree of irritability, eſpecially of the uterus itſelf; as this will produce all the effects of a plethora, by increaſing the force of the circulation in that part. Hence, therefore, the immediate cauſes of an immoderate uterine hæmorrhage may be reduced to theſe three, *viz.*

1. A plethora.

2. Too great a degree of irritability, eſpecially of the uterus.

3. A preternatural relaxation of the veſſels of that organ, or of thoſe of the whole body.

Some have added a fourth, namely, a diſſolved ſtate of the blood, either with, or without, acrimony. There is no doubt, indeed, when the coheſion of its globular particles is deſtroyed, but the blood will flow much more freely through the relaxed veſſels of the uterus, than in its more compacted ſtate; and, if acrimony be likewiſe joined, its motion will neceſſarily be accelerated, on account of the additional *momentum* thereby impreſſed. Acrimony, however, is always owing to its particular cauſes, whether it be of the arthritic, venereal, or ſcorbutic kind, *&c.* But a ſimple tenuity,

tenuity, or thinneſs of the blood, is generally the conſequence of a weak and relaxed ſtate of the ſolids only: and, therefore, when theſe are reſtored to their due tone and vigour, ſo as to act with ſufficient force on the circulating fluid, that ſoon recovers its natural denſity. A diſſolution of the blood, then, being ſo cloſely connected with the laſt of the three cauſes above mentioned, does not ſeem to require any particular attention: for, except in the caſe of difficult labours, the *fluor albus*, or any accidental injuries of the uterus, a relaxation of its veſſels is ſeldom found to exiſt alone, in any conſiderable degree, independent of a more general debility.

No great illuſtration is wanted, to ſhew in what manner theſe ſeveral cauſes may contribute to produce an immoderate hæmorrhage. Plethora acts by exciting an univerſal diſtenſion of the vaſcular ſyſtem, in which the veſſels of the uterus, from

from the ſituation and particular ſtructure of that organ, muſt bear a conſiderable proportion. Irritability increaſes the oſcillatory motion of the veſſels, and thereby quickens the circulation in general, or in particular parts. And, laſtly, when the veſſels of the uterus, from whatever cauſe, are preternaturally weakened or relaxed, they cannot, in that ſtate, make ſufficient reſiſtance to the action of the heart and arteries. Hence, by the two former, there is a more copious derivation of the blood into the body of the uterus; while, by reaſon of the latter, the influent current finds too eaſy a paſſage into the cavity of that organ. It is evident, therefore, that either of theſe circumſtances, ſeparately, may prove a ſufficient cauſe of an increaſed uterine hæmorrhage; but, if they happen to be more or leſs united, their effect will be ſtill more remarkable.

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The conſtitution may be naturally too plethoric, irritable, or relaxed; or theſe habits may be gradually acquired, and derive their origin from a variety of occaſional, and more remote cauſes.

1. A plethora may be produced by a full and plentiful diet, a ſedentary and inactive life, undiſturbed tranquillity of mind, or a ſuppreſſion of cuſtomary evacuations, eſpecially of the menſtrual flux; and, in a word, by every circumſtance of the non-naturals, which has a tendency either to increaſe the quantity of the blood, or diminiſh that of the ordinary ſecretions.

2. The cauſes of irritability may be conſidered in a two-fold point of view, according as they may affect the ſyſtem in general, or the uterus in particular.

To the former claſs more immediately belong an hot and acrid regimen, and an imprudent and continued uſe of too ſtimulating medicines; together with all ſuch diſeaſes as are generally accompanied with a ſharpneſs of the humours, as the ſcurvy, rheumatiſm, and gout. But, independent of any internal acrimony, proceeding either from the nature of the aliments, and other ſubſtances received into the body, or from the inherent properties of the blood itſelf, there are other cauſes, of an extrinſic and accidental kind, which may properly enough be referred to this head; as they likewiſe operate by a certain ſtimulating power, which increaſes the force of the circulation. Of this ſort are, principally, all violent motions of the body, or perturbations of the mind. The firſt of theſe act by exciting more briſk and reiterated contractions of many different muſcles, in conſequence of which, the motion of the blood muſt neceſſarily be accelerated. And

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tho' we cannot, perhaps, ſo eaſily account for the action of the paſſions, yet their influence over the vital functions ſeems to be ſtill more powerful, as it is often more inſtantaneous. For hæmorrhages of various kinds, and other violent effects, which are the neceſſary conſequences of a precipitated circulation, are ſometimes ſuddenly produced by vehement fits of anger, and other paſſions of a tumultuous nature.

In general, however, by whichever of the preceding cauſes the moving powers of the ſyſtem are ſo unuſually excited, as to act with additional force on the circulating fluids, it is evident that the uterus muſt always be principally affected: its great ſenſibility rendering it extremely ſuſceptible of irritation, and its ſoft and vaſcular texture ſubjecting it to receive ſuch an overplus of blood, even from the

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ſlighteſt accidents, as will greatly increaſe its natural diſcharges.

The local cauſes of irritability, or ſuch as more immediately affect the uterus in particular with a ſtimulating power, are likewiſe various. Among theſe, one of the moſt conſiderable is too frequent an indulgence in venereal pleaſures. Emmenagogues, alſo, are highly injurious in this reſpect; eſpecially thoſe of the more powerful kind; as likewiſe the ſtronger cathartics, and diuretics, which affect the uterus by ſympathy with the neighbouring parts. The ſame effect is alſo produced by ſeveral diſeaſes of the uterus, whether they are attended with eroſion and the diſcharge of an acrid matter, or otherwiſe; ſuch as inflammations, ulcers, *fluor albus*, &c. Among the cauſes pertaining to this claſs, might likewiſe be enumerated, moles, or falſe conceptions, coagulated blood and pieces of the placenta, remaining in the uterus

uterus after delivery; all which, by diſtending the fibres of that organ with their bulk, prove a conſiderable cauſe of irritation. But as theſe conſtitute ſpecial caſes, which fall not within our preſent intention, it is ſufficient only to mention them in this place.

3. Relaxation, as well as irritability, may be either general or particular. When the latter is the caſe, it is uſually owing to the ſtreſs attending difficult labours, or ſome injury received in time of delivery. For the moſt part, however, a weakneſs of the uterus is chiefly produced by the influence of ſuch cauſes as commonly diminiſh the vigour of the conſtitution. Hence, therefore, it often ſucceeds all profuſe evacuations, and every diſeaſe which greatly extenuates the body, and impairs the ſtrength, either by its ſeverity or length of duration. For the ſame reaſon, it is a frequent conſequence of an abſtemious

regimen, or a thin and watery diet; as, likewiſe, of an eaſy, indolent, and inactive life; one of the moſt powerful promoters of debility, as a certain degree of exerciſe is always indiſpenſibly neceſſary, to aſſiſt the proceſs of digeſtion, and furniſh a laudable, well concocted, and nutritious chyle. No cauſes, however, contribute ſo much to enervate the ſyſtem as thoſe which immediately affect the body with their relaxing quality; and hence proceed the pernicious effects of heat and moiſture, eſpecially when united together. On this account we find, that ſuch diſorders as depend on a weakneſs of the uterus are always moſt predominant in warm and moiſt ſituations. In Holland, particularly, where the air is extremely moiſt, a *fluor albus*, and profuſe menſtrual evacuations are frequent complaints; tho' the warmth of the ſtoves, ſo generally uſed by the women of that country, may conſpire with the natural dampneſs of their atmoſphere

to relax the parts of generation. On the ſame principle, the warm bath, if too frequently made uſe of, is extremely injurious; the fluid acting, in this caſe, by a double ſort of power. But of all the circumſtances wherein theſe two cauſes of relaxation may concur, none is more certainly hurtful than the cuſtom of lying too much in bed; as, by this means, the body is confined in a conſtant vapour bath, the moſt powerful of all relaxants.

In judging of the iſſue of an immoderate uterine flux, regard muſt always be had to its duration, cauſes, and the effects it has produced. In general, the more recent it is, the more eaſily it is cured; whereas, by a longer continuance, it occaſions loſs of appetite and ſtrength, with a variety of other bad ſymptoms, which are often very obſtinate. The prognoſtic is likewiſe more favourable when the cauſes of the diſeaſe are only accidental, than when they

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are natural to the conſtitution. But when a plethora, whether natural or acquired, is the ſole cauſe of the flux, it is ſeldom dangerous, though it may ſometimes alarm the patient: for the evacuation generally ceaſes ſpontaneouſly, when the redundant quantity of blood is diſcharged. A profuſe hæmorrhage, from whatever cauſe it proceeds, is much more dangerous than that ſpecies of the diſorder commonly called the *profluvium uteri*, or a ſimple dripping of the organ; becauſe, in the former, a great deal of blood may be loſt in a ſhort time: the latter, however, as proceeding from a cauſe of a more fixed and obſtinate nature, is generally more difficult of cure. The diſcharges, likewiſe, which commonly attend the laſt periods of menſtruation, for the reaſons before aſſigned, have often a threatening appearance. In the laſt place, an attention to the effects of the diſeaſe, or the ſymptoms attending it, is always of the utmoſt conſequence towards

forming a juſt prognoſtic. If it is obſerved, therefore, that the ſtrength remains pretty entire, we may always flatter ourſelves with hopes of ſucceſs: but, on the contrary, if the patient be much weakened, and there is an appearance, more or leſs, of any of the bad ſymptoms already mentioned, the caſe, though not altogether deſperate, is ſtill more doubtful and uncertain. When the hæmorrhage is accompanied with a ſchirrus or cancer of the uterus, and chiefly owing to either of theſe morbid affections of the part, it is generally incurable.

The indications of cure, as well as the prognoſtics, ought to be taken from the degrees of the diſcharge, its ſeveral cauſes, and the concomitant ſymptoms. Hence, before we attempt the cure, we ſhould firſt conſider, whether the hæmorrhage be ſalutary or pernicious; or, in other words, whether it be natural, and conſequently neceſſary,

neceſſary, or truly morbid, and productive of bad effects. For by this means, we ſhall be able to determine with the greater accuracy, whether it ought to be permitted, partially moderated, or entirely reſtrained. We have before obſerved, that ſome women have naturally more copious evacuations than others, and that ſuch conſtitutions will not only bear that exceſs without any injury, but that their welfare even abſolutely depends upon it. In ſuch caſes, therefore, to tamper with the diſcharge, by repulſatory methods, would be highly improper; as the redundant blood, if raſhly checked at the natural place of evacuation, might either force its way by ſome other uncommon paſſages, or be repelled upon the lungs, brain, or other *viſcera*, where it might produce obſtructions, inflammations, and other fatal affections of theſe organs.

The danger of interfering too haſtily with cuſtomary evacuations, is well illuſtrated by the effects of that practice, adopted by many, of bleeding regularly at particular ſeaſons of the year: for we find from experience, that when it has been conſtantly uſed for ſome time, it cannot all at once be ſafely laid aſide. If, therefore, in a diſpoſition to periodical evacuations, ariſing only from habit, an omiſſion of the uſual practice be always liable to inconveniences, may it not well be ſuppoſed, that an undue ſuppreſſion of ſuch diſcharges as are naturally familiar to the conſtitution, will be no leſs productive of pernicious effects?

From hence, it appears that circumſpection is often neceſſary in attempting the cure of the uterine hæmorrhage; which, though it may ſometimes exceed in quantity, ought not always, on that account alone, to be officiouſly obſtructed.

For then only it is to be conſidered as a diſeaſe, when it is either ſo very profuſe as to exhauſt the patient, or ſo frequent in its returns as to produce the ſame effect. In both theſe caſes it ought certainly to be reſtrained; and for that purpoſe we may proceed on the following indications.

I. To diminiſh the flux of blood to the uterus.

II. To promote the contraction of the uterine veſſels.

III. To prevent a relapſe.

Our knowledge of the proximate cauſe ſuggeſts the moſt proper means of proſecuting the two firſt, and the third is moſt ſucceſsfully fulfilled by a due management of the non-naturals, and ſuitable precautions againſt other remote cauſes.

Though an acquaintance with the proximate cauſe of diſeaſes be of the greateſt conſequence in directing their cure, it is not always eaſy to aſcertain that point with ſufficient preciſion; the knowledge of it depending on a view of ſo many circumſtances, that ſome of them may often miſlead us. It is only to be deduced from an attentive examination of all the antecedent and occaſional cauſes, as well as the ſeveral concomitant ſymptoms; and conſequently, in ſo complicated an inquiry, it is no great wonder if miſtakes ſhould ſometimes be committed. In the preſent caſe, however, beſides the information ariſing from other circumſtances, there are generally certain leading marks, which greatly illuſtrate the nature of the proximate cauſe, and conduct our inquiry to the proper object. When a plethora is the proximate cauſe of an increaſed uterine hæmorrhage, it is generally pointed out by a fulneſs of the pulſe, a turgency of all the blood

blood veſſels, and a difficulty of reſpiration, or other evident ſigns of plenitude, accompanying the diſcharge. In the ſame manner, irritability, and relaxation, as proximate cauſes of this diſeaſe, are commonly denoted by ſuch peculiar ſymptoms as are the uſual conſequence of too hurried, or too languid a circulation. This, however, is chiefly to be underſtood of the earlieſt ſtages of the diſeaſe; for at a later period, the diſtinguiſhing characters are generally loſt in the promiſcuous indications of an enfeebled conſtitution.

In no caſe whatever has a regard to the proximate cauſe a more beneficial influence over the method of cure, than in the immoderate flux of the *menſes*; and therefore it ſhould always be ſtudied with the moſt careful attention. The genius of the diſeaſe ſo entirely depends upon it, that any difference, in this reſpect, conſtitutes a ſpeciality in the complaint, which requires a different

different treatment. But this will more clearly appear in the farther profecution of our fubject.

As motion and an erect poſture muſt always encourage the diſcharge, by encreaſing the *momentum* of the blood, the firſt ſtep to be taken, in order to diminiſh the flux to the uterus, is, to order the patient to be put to bed, deſiring her to ly in a ſupine poſture, with her limbs extended, and ſtrictly injoining her attendants to keep her as ſtill and quiet as poſſible. She ſhould likewiſe be forbid all unneceſſary converſation with thoſe about her; as the efforts required in ſpeaking, not to mention the bad effects of the watchfulneſs thereby occaſioned, give an additional force and direction to the blood, by increaſing its velocity through the lungs.

At all times, but eſpecially in the ſummer ſeaſon, it will be more adviſeable to uſe

uſe a mattreſs than a feather bed, as the former will keep the loins, as well as the whole body much cooler; a circumſtance of no ſmall importance where an hæmorrhage is to be reſtrained, by reaſon of the well known effects of heat, in rarefying the blood, and relaxing the tone of the ſolids. For the ſame reaſon, the quantity of bed-cloaths ought to be moderate, and the air of the room temperate, or rather inclining to cold.

To theſe precautions, ought likewiſe to be added a ſtrict attention to the paſſions of the mind, the influence of which over the motions of the ſyſtem, but eſpecially in exciting or increaſing hæmorrhages, is often ſo very powerful. The patient, therefore, ſhould be kept, as much as poſſible, in a ſtate of calmneſs and ſerenity, and every cauſe of perturbation carefully avoided.

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The above directions are always proper, from whatever cauſe the hæmorrhage proceeds; and when it is not very immoderate, it will often be conſiderably abated by ſuch a method alone. Notwithſtanding ſome favourable appearances, however, it will be neceſſary to perſiſt for ſome time longer in a ſteady obſervance of the ſame rules; as too ſudden a relaxation in this point might recal the hæmorrhage with greater violence than before. Some phyſicians, indeed, have diſapproved of cloſe confinement to bed, from an opinion that it weakens the patient: but this objection muſt entirely vaniſh, when it is conſidered, that ſuch an effect would be more certainly produced, by the greater loſs of blood which muſt enſue from a contrary practice. The neceſſity of perfect reſt, in the hæmorrhages of child-bed women, is univerſally acknowledged; and the cloſe analogy between the two caſes, ſhould naturally recommend a ſimilar treatment on this occaſion

occaſion likewiſe. But a ſtill more prevailing argument in its favour is, that daily experience ſufficiently demonſtrates its utility, as well as the bad conſequences ariſing from the neglect of it.

It has been thought of importance to place the patient in bed with the head and ſhoulders conſiderably lower than the reſt of the body; thoſe who adviſe ſuch a method alledging that the motion of the blood to the uterus will thereby be greatly retarded, as proceeding in a direction contrary to its own gravity. This practice, however, promiſes no ſort of advantage, to compenſate for certain inconveniences which generally attend it. The patient muſt not only be extremely uneaſy and reſtleſs in that ſituation, which will oblige her frequently to ſhift for change of poſture; but alſo the extravaſated blood, being retained in the cavities of the uterus and vagina, and there coagulating, cannot afterwards

afterwards be diſcharged without ſuch violent ſtraining, accompanied often with faintings and convulſive motions, as muſt tend to ſupport the diſeaſe.

When the hæmorrhage ſeems to be principally excited, either by a redundancy or rarefaction of the fluids, or a ſpaſmodic affection of the vaſcular ſyſtem, no remedy is more powerful in diminiſhing the flux to the uterus, than bleeding, on account of its evacuating, cooling, and relaxing effects. To facilitate the cure, the diſtenſion of the uterine veſſels muſt be diminiſhed by ſome means or other; and bleeding makes not only the moſt ſpeedy and complete derivation from that organ, but likewiſe, after that has been premiſed, aſtringent remedies may then be had recourſe to, with leſs danger, and a much better effect. In plethoric conſtitutions, and ſuch other habits as are particularly liable to profuſe hæmorrhages, in the ſpring

ſpring and ſummer ſeaſons, at which times the blood is more apt to be highly rarefied, the uſe of venæſection becomes ſtill more neceſſary, previous to the adminiſtration of any ſtyptics, as, in theſe caſes, the diſtenſion of the uterine veſſels is always proportionally greateſt. If a plethora be the ſole, or principal cauſe of the diſeaſe, the loſing a few ounces of blood is generally ſufficient to ſtop the diſcharge; becauſe the veſſels of the uterus will naturally collapſe, as ſoon as the redundancy is evacuated by ſuch an artificial outlet: at leaſt, the ſubſequent exhibition of ſome gentle and cooling purgative ſeldom fails to anſwer our expectations.

No preciſe directions can be given in regard either to the quantity of blood to be taken away at a time, or the repetition of phlebotomy; as in both theſe points, we muſt be entirely regulated by the ſtrength of the patient, the ſtate of the pulſe,

pulſe, and the urgency of the ſymptoms. Some authors are of opinion, that a few bleedings, ſucceeding each other at the diſtance of a few hours only, will have a much better effect, than double the number repeated at greater intervals: and when nothing contradicts ſuch a practice, it ſeems to be the moſt preferable; as the fluids are commonly generated ſo faſt, that the effect of one bleeding may be loſt, before another is performed at a more protracted period. Among other practical authors, the celebrated Hoffman deſerves particular attention on the ſubject of bleeding in this diſeaſe.

Notwithſtanding the advantages of phlebotomy in the circumſtances above mentioned, the uſe of it, however, muſt ſtill be limited, in the cure of the uterine hæmorrhage: for it would be extremely improper, where the blood was already deficient in quantity, the circulation weak and

and languid, and the tone of the ſolids too much relaxed; whether theſe ſymptoms are to be originally referred to a delicate habit of body, or otherwiſe to be conſidered as the more immediate offſpring of the diſeaſe itſelf. In theſe caſes, a quite oppoſite method muſt be purſued; and, inſtead of an evacuation which would only increaſe that debility which ſupports the diſeaſe, the defect of the fluids ought rather to be ſupplied by a nutritive diet, and the conſtitution ſtrengthened by all ſuch remedies as impart a briſker ſpring and action to the ſolids.

Moſt authors who have treated of the diſeaſes of women, have pretty generally recommended cathartics in the cure of the uterine hæmorrhage, though in what ſalutary intention it is not eaſy to conceive; the operation of that claſs of medicines being always attended with a manifeſt ſtimulus, which would rather ſeem to for-

bid their uſe, in a diſorder where every degree of irritation ought carefully to be avoided. They can ſeldom be indicated, unleſs where the patient complains either of gripes or a looſeneſs; from which ſymptoms there may be reaſon to expect ſome crudities in the bowels, which may prove, in ſome meaſure, a cauſe of the diſeaſe, or, at leaſt, of its violence and duration. To evacuate this, therefore, a cathartic may be neceſſary; and it can then be adminiſtered with the greater confidence, as leſs injury is to be apprehended from the temporary ſtimulus of the medicine, than the conſtant irritation of the offending matter. The purgative employed, however, ought always to be of the mildeſt kind; as tamarinds, lenitive electuary, caſia, manna, *&c.* But when either of the two laſt is made uſe of, it will be proper to add a ſmall portion of ſome grateful aromatic, in order to prevent the flatulence and diſtenſion of the bowels, which they

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are ſometimes apt to produce in particular conſtitutions. When the patient is only troubled with coſtiveneſs, which contributes ſometimes to increaſe the diſcharge, an emollient clyſter is preferable to the gentleſt purgatives; as it evacuates with greater celerity and leſs ſtimulus.

Some phyſicians have likewiſe employed emetics in the cure of this diſeaſe; but the objections to cathartics are ſtill more concluſive againſt theſe, on account of the greater violence of their operation. If ever they are proper, it is when the exiſtence of ſome irritating matter in the ſtomach, which might foment the diſeaſe, ſeems to be indicated by ſickneſs, nauſea, or vomiting; and, in that caſe, a ſuitable doſe of ipecacuan may be properly enough adminiſtered. It is imagined by thoſe who eſpouſe this method of practice, that the ſpaſms, excited by vomiting, have rather a tendency to reſtrain, than increaſe the diſ-

charge; as they affirm that they have often ſeen the hæmorrhage conſiderably diminiſhed, after the operation of an emetic. Notwithſtanding the fact here alledged may be true, the efficacy of the vomit, in contributing to ſuch an event, may be greatly ſuſpected, any farther than as it might remove ſomething out of the ſtomach, which had probably ſupported the diſeaſe.

Upon the whole, where either cathartics or emetics are judged neceſſary, bleeding, if there is no contrary indication, ought always to be premiſed, in order to prevent too copious a determination to the uterus. But in no caſe ſhould they be adminiſtered, when there is any pain, or perceptible tenſion of that organ, as an inflammation of the part might perhaps be the conſequence.

Opiates

Opiates reſtrain an immoderate flux of the *menſes*, not only by diminiſhing the velocity of the blood in general, when it has been increaſed by any accidental ſtimulus in an irritable habit of body, but alſo by allaying ſuch particular irritations in the uterus as might cauſe a more copious derivation of the fluids into that organ, than would be compatible with health. When the diſorder, therefore, ſeems to proceed either from the more univerſal, or local affections here mentioned, no remedies whatever are preferable to thoſe of the opiate kind; and in caſes where they were indicated, I have often known them to be productive of almoſt inſtantaneous effects. They ought never to be adminiſtered, however, in caſes attended with too great a fulneſs of the pulſe, whether that ſymptom ariſes from a redundancy or rarefaction of the blood. But when the plethora has been diminiſhed, either by venæſection or a continuance of

the diſcharge, or the rarefaction has been allayed by cooling and condenſing remedies, opiate medicines have certainly a beneficial influence in the concluſion of the cure, by mitigating ſuch ſenſations in the uterus as may be excited by extravaſated blood remaining in its cavity, and which frequently keeps the patient in conſtant agitation, or proves the cauſe of ſpaſmodic contractions which ſupport the diſcharge. I have ever found opiates particularly advantageous in the hæmorrhages of women who were ſcorbutic or hyſterical, eſpecially in ſuch floodings as ſeemed rather to be originally attended, than ſucceeded, by a lowneſs of ſpirits, or other nervous complaints.

Various external methods of cure, for diminiſhing the velocity of the blood in uterine fluxes, have been recommended from the earlieſt ages of phyſic, though in general they are now become obſolete.

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The venerable ſanction, however, which they had received from the authority of the ancient phyſicians, may render a brief conſideration of their effects not altogether unworthy of our attention. They may be reduced to cupping, frictions, and ligatures.

The place where cupping was reckoned moſt adviſeable in this diſeaſe, was the breaſts, or immediately under them. By that expedient a revulſion was imagined to be made from the uterus. When it is conſidered that the obvious effect of ſuch an application is, to accumulate a greater quantity of the fluids in ſome of the branches of the aſcending aorta, than they could otherwiſe contain, there appears, indeed, ſome reaſon for admitting that they muſt ſomewhat abate the uterine diſcharge. It is uncertain, however, whether the painful ſenſation, which cupping excites in the veſſels by immediately diſtending

them, and which may affect the whole body by ſympathy, is not more than ſufficient to counterbalance the ſedative effects, which might be ſuppoſed to ariſe from ſuch a temporary enlargement of a part of the vaſcular ſyſtem; eſpecially when we reflect that theſe applications are never ſo long continued, as that the veſſels of the uterus ſhould recover ſuch a degree of elaſticity as to reſiſt the impetus of the blood, when it returns to its wonted circulation.

The parts on which friction was performed were chiefly the arms. This exerciſe was naturally ſuppoſed to accelerate the motion of the blood in the upper extremities, and thereby to cauſe a greater derivation from the uterus. In the eſtimation of its effects, however, it was not conſidered that friction, even in conſequence of its influence on the parts to which it was applied, might increaſe the motion of the blood through the whole body,

body, and ſo actually augment the evacuation which it was intended to reſtrain.

Ligatures were applied both to the upper and lower extremities. By lightly binding the limbs, in ſuch a manner as to retard the return of the blood through the veins, without impeding its motion along the arteries, they were ſuppoſed to contribute greatly towards reſtraining the uterine diſcharge. The principles upon which this practice was founded, were not inconformable to the eſtabliſhed laws of the circulation. The uneaſy ſenſation, however, wherewith the ligatures affected the diſtended veins, might excite commotions in the body, unfavourable to the diminution of the flux, while the ſtagnation of the blood, which they alſo occaſioned, might prove the remote cauſe of more laſting diſorders.

Upon

Upon the whole, it appears, that the methods of cupping, friction, and ligatures, though univerſally recommended by the ancient phyſicians, in violent uterine hæmorrhages, may prove more injurious than ſalutary, and are therefore juſtly rejected in the preſent practice. It is a general objection againſt all of them, that they not only became prejudicial, by a conſequence inſeparable from the very action on which their virtues were ſuppoſed to depend, but alſo by ſeeming to ſuperſede the neceſſity of venæſection, for which, the fallacious advantages they promiſed, productive at moſt but of a temporary ſuſpenſion of the diſeaſe, could never compenſate.

Dipping the hands in warm water, with which ſome wine is mixed, has been recommended by Hoffman for reſtraining an immoderate flux, both by making a greater derivation of the blood to the upper

per extremities, and abating the ſpaſm which he imagined to be the cauſe of the diſeaſe. But this practice appears to be attended with all the diſadvantages of friction: for it is certain from experiment, that warm water alone, when applied to the ſurface of the body for ſome time, accelerates the motion of the blood; and ſuch an effect muſt be produced, in a ſtill greater, by the addition of any ſtimulating ingredient. Beſides, it is natural to ſuppoſe, that the abſorption which will take place, during the uſe of ſuch a remedy, muſt tend rather to increaſe, than diminiſh the diſcharge.

When the velocity, and force of the blood, or its rarefaction, has been diminiſhed, the next indication of cure propoſed, is, to promote the contraction of the uterine veſſels, for which purpoſe we are then to have recourſe to aſtringent remedies,

No medicine will more fully anſwer the expectation of the phyſician, in this caſe, than the *pulv. ſtypticus*, which I have ſucceſsfully preſcribed for many years. The powder I generally uſed, was made of two parts of alum, and one of *terra Iaponica*. Of this I commonly gave a ſcruple every ſix hours, or ſometimes oftener, where the flooding was violent, and the patient could retain, or was not nauſeated with, the medicine. But where the ſtomach was weak and irritable, I either diminiſhed the doſe, or inverted the proportion of the ingredients. In this ſtage of the diſeaſe, when the contraction of the uterine veſſels was the object in view, and eſpecially in the circumſtances juſt now mentioned, I have frequently preſcribed a few drops of laudanum, along with each doſe of the powder, out of a ſpoonful of the *tinctura roſarum*. The patient was alſo ordered to take frequently ſome ſpoonfuls of that tincture: and I have found it particularly

particularly uſeful in thoſe floodings which appeared during a hot ſtate of the weather, and ſeemed to owe their riſe to a rarefaction of the blood.

In anſwering this intention, the Peruvian bark is likewiſe highly efficacious, whether the diſeaſe proceeds from a weakneſs of the uterine veſſels, or a rarefaction of the blood. Where the ſtomach and bowels appeared irritable, I have joined laudanum with it, in the ſame proportion as with the powders; and in ſuch caſes, it is alſo more eligible to adminiſter the bark in tincture, than in the more ſolid forms.

However effectual theſe medicines may be expected to prove, in an immoderate flux of the *menſes*, the concomitant uſe of proper topical applications ought never to be neglected. Under this claſs are comprehended, fomentations, plaſters, cataplaſms,

plaſms, and injections into the vagina, all which are compounded of aſtringents. To theſe we may likewiſe add doſils of lint, charged with medicines of the ſame denomination.

The fomentations ought here to be uſed cold, and applied by means of linen cloths or flannel, to the whole hypogaſtric region, and round the loins, if it can be done without incommoding the patient. They ought alſo to be renewed as ſoon as they become warm on the part, leſt they ſhould rather promote, than check the diſcharge. I have frequently ordered, with ſucceſs, a fomentation of vinegar alone, or vinegar mixed with water: but decoctions of more aſtringent materials are generally made uſe of.

Plaſters and cataplaſms are compounded of ſimilar ingredients, and applied to the ſame

ſame parts with the fomentations, but appear to be leſs efficacious.

Of all outward applications, injections into the uterus are evidently the moſt effectual, when they can reach the ſeat of the diſorder: but the uncertainty of ſuch an event muſt diminiſh our dependence upon them. When uſed, however, no acrid or irritating ingredient ſhould be allowed to enter into their compoſition.

Doſils, or tents, are attended with the ſame inconveniences, as injections; beſides that by ſtopping the paſſage of the blood, they may occaſion it to coagulate, and increaſe the irritation in the uterus.

Notwithſtanding the cure of the hæmorrhage, after the determination of the blood to the uterus has been diminiſhed, is principally to be effected by aſtringent remedies, both internally and externally applied,

applied, ſome caution, however, is requiſite in not ſtopping the flux too ſuddenly; as ſuch an event might be productive of an inflammation of the part, and other bad conſequences. For this reaſon, the motion of the blood ought always to be ſufficiently moderated, before we attempt much to increaſe the contractile power of the veſſels.

In order to reſtrain an immoderate flux of the *menſes*, ſome modern phyſicians have adviſed to dip the feet in cold water, or in an aſtringent decoction which has been ſuffered to grow cold. They endeavour to eſtabliſh the utility of ſuch an application in repelling the blood from the uterus, by obſerving the efficacy of warm and relaxing baths to the feet in recalling the menſtrual diſcharge. This method, however, I own I have never yet tried; and I am the more deterred from the experiment, by being convinced that cold,

cold, or repelling applications to the feet, are often the cauſe of ſpaſms in the bowels, which ought by all means to be avoided, on account of the intimate connexion betwixt the uterus and thoſe parts.

An immoderate uterine hæmorrhage always requires a particular regimen. The patient, as hath formerly been obſerved, ſhould be confined to bed, where ſhe ought to be kept as free as poſſible from all agitations of body or mind. If the diſeaſe has been owing to a plethora, the diet ought to be thin and ſlender; but if to any other cauſe, it may be choſen of a more nouriſhing, though never of a ſtimulating kind. In all caſes, however, where the flux is violent, wine ought to be uſed ſparingly; and ſome aſtringent medicine ſhould be boiled in whatever is drank, eſpecially where the diſeaſe proceeds from relaxation.

Though the evacuation ſhould be reſtrained, by the foregoing medicinal and dietetical courſe, the patient ought not to return immediately to her former manner of life; becauſe, until the veſſels of the uterus have recovered their uſual tone, the diſeaſe is extremely apt to be recalled by any irregularity, eſpecially violent exerciſe. For this reaſon, I not only adviſe the patient to perſevere for ſome weeks in the uſe of the ſame medicines which have proved ſucceſsful in the cure, though in ſmaller and leſs frequent doſes than formerly, but alſo to obſerve the ſame regimen. I particularly diſcharge her from dancing, for ſome time after; and if ſhe be married, it is an injunction of no inconſiderable moment, that ſhe ſhould be ſlow in returning to the pleaſures of the conjugal bed. The beſt prophylactic remedies which I have tried, are the bark and chalybeate waters; the former of which I adviſe indifferently at all ſeaſons, but the

latter

latter only in the more temperate or colder months, especially where the disorder seemed to proceed rather from a rarefaction of the blood, than a relaxation of the uterine vessels.

CHAP. IV.

Of the FLUOR ALBUS.

THE *fluor albus*, or the *whites*, is a diſcharge of ſerous matter from the genital parts of women, and has received its denomination from the colour which it commonly yields.

It has been diſputed by phyſicians whether the ſeat of this diſeaſe be generally in the uterus or vagina. But it is certain that it may exiſt in the glands and mucous *lacunæ* of both theſe parts, as well as in the ſmall arteries by which the menſtrual blood is diſcharged.

The ſame ſtructure of the uterine veſſels which proves favourable to the monthly evacuation, ſeems likewiſe to render them liable to the inconveniences of

of the *fluor albus*. For while on account of the ſoftneſs of their texture, their winding courſe, and the veins being deſtitute of valves, they yield more readily to an accumulation of blood than any other part of the body, they muſt ſometimes be ſo much diſtended, eſpecially towards the monthly period, that the ſerous part of the fluids will ooze out from the ſmall orifices in greater abundance than is ſufficient for the purpoſe of lubrication, and thereby conſtitute an unneceſſary diſcharge, which, according to the degree of its violence, muſt prove more or leſs injurious to health. In general, however, women who are troubled with this diſeaſe are diſpoſed to barrenneſs, or if they ſhould happen to conceive, their pregnancy is ſoon terminated by an abortion.

Though the *fluor albus* may ariſe in women of a good conſtitution, in the manner above mentioned, it is neverthe-

leſs moſt frequent among thoſe who are cachectic, and of a lax and weakly habit of body. Thoſe alſo are found to be moſt ſubject to it in whom the menſtrual evacuation is either defective or immoderate, and who have either had abortions or violent labours. The period, therefore, in which it is moſt predominant, may be dated from the thirteenth or fourteenth year, though there are many inſtances of girls of an inferior age, and even infants being ſeized with it.

The degrees of the diſeaſe are to be eſtimated by the quantity, conſiſtence, duration, and colour of the diſcharge. In ſome the quantity is more copious, in others leſs, and it is generally increaſed by whatever occaſions a redundancy or rarefaction of the fluids, or too much accelerates their motion; as intemperance in diet, a ſtoppage of perſpiration, and violent exerciſe. The conſiſtence of the matter is alſo various,

ous, being ſometimes mild and viſcid, at other times thin and ſanious. In point of duration, the flux is ſometimes ſo continual as to keep the *pudenda* conſtantly wet; at other times, it is obſerved to be either irregularly interrupted or periodical. The colour of the matter diſcharged is for the moſt part whitiſh, though frequently alſo it is variable, being ſometimes yellowiſh, greeniſh, or inclining to black. In theſe caſes it is often ſo extremely ſharp, corroſive, and fœtid, as to occaſion heat of urine, great pain and excoriation of the parts.

Practical authors have made a diſtinction betwixt the continual or irregular *fluor albus* and ſuch diſcharges from the uterus as are of a pale and whitiſh colour, and return periodically; regarding the latter entirely as a menſtrual evacuation. But a flux wherein *ſerum*, and not blood, is diſcharged, ſeems to merit the appella-

tion of a *fluor albus* rather than the *menſes*, and is certainly a morbid appearance, however it may in ſome degree compenſate for the natural excretion, and leſs affect the conſtitution than a more continual diſcharge.

The ſimilitude of the *fluor albus* to the matter which is ſometimes diſcharged from ulcers, might occaſion it to be attributed to affections of that nature exiſting in the uterus or vagina; but it may be clearly diſtinguiſhed from them by the abſence of ſuch ſymptoms as always precede ſuppuration.

It requires more attentive obſervation to diſtinguiſh it from a *gonorrhœa virulenta*, eſpecially when it has been occaſioned by violent purging in the cure of that diſorder, and continues after the latter is eradicated. But here likewiſe we are furniſhed with characteriſtic marks of their difference.

rence. For beſides the exiſtence of ulcers in the vagina, which may be common to either diſeaſe, there is a greater heat of the genitals in the *gonorrhœa* than in the *fluor albus*, and in the former the matter is diſcharged from little excretory ducts about the clitoris.

It has been alledged, that if the flux ceaſe during the time of the *menſes*, and return after that has diſappeared, the diſeaſe is not venereal, but only the *whites*. This circumſtance, however, is undoubtedly too fallacious to be the foundation of any certain diagnoſtic. For the matter of the *whites* may be ſo much tinged with blood as to appear to be ſuſpended during the flux of the *menſes*. But we ſhall now proceed to the hiſtory of the diſeaſe itſelf, which will beſt enable us to diſtinguiſh it from thoſe with which it has any affinity.

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The *fluor albus*, as has been obſerved before, is often extremely variable in regard both to the quantity and quality of the matter diſcharged, and the time of the evacuation. When the diſorder is ſo violent, or has continued ſo long, as to affect the conſtitution, a weakneſs and pain are felt in the ſmall of the back, which are commonly attended with a paleneſs of the face, loſs of appetite, indigeſtion, nauſea, and faintneſs. A palpitation of the heart is alſo frequent. Reſpiration becomes difficult. The eye-lids are tumid. The *menſes* are ſometimes obſtructed; ſometimes they flow immoderately; by either of which accidents the running is commonly increaſed. The perſon is low ſpirited. Her urine is thick, turbid, and ſlimy; not ſeparating the ſediment ſo freely as in other caſes, and appearing as if it was mixed with ſmall threads or hairs.

Such

Such are the ſymptoms which commonly attend the *fluor albus* before the ſtrength of the patient is ſo much impaired that ſhe falls into ſome other diſeaſe, when either a dropſy or conſumption terminates the fatal ſcene, or a *prolapſus uteri* ſupervenes, occaſioned by the exceſſive relaxation of that organ.

The proximate cauſes of this diſeaſe are a redundancy of ſerous humours, and a relaxation of the uterine veſſels; whence it is always found to be moſt prevalent among women of weakly conſtitutions, and is almoſt endemial among the Dutch, where, beſides the moiſture of the atmoſphere, the habitual uſe of ſtoves renders the uterine excretions more copious.

The occaſional cauſes of the *fluor albus* may be reduced to two general claſſes, *viz.* thoſe which relax the whole body, thereby rendering the fluids thin and ſerous, and

thoſe

thoſe which weaken the uterus in particular.

In the firſt claſs may be reckoned,

1. A low and watery diet.

2. An inactive life.

3. A moiſt atmoſphere.

1. A low and watery diet relaxes the conſtitution in ſeveral different ways. As ſuch aliments contain little of a ſtimulating quality, they will not be diſcharged from the ſtomach ſo readily as other kinds of food. Whence, by too long an application to that organ, they muſt weaken its fibres. The flatulence alſo which is commonly produced by aliments of that nature, will farther increaſe this debility; the conſequence of which muſt be, that a ſtill more crude and imperfect chyle will be formed, and ſuch as never can be ela-

borated into good blood. Beſides, the chyle which is made of watery food is not only defective in point of quality, but contains too few nutritious qualities to repair the conſtant waſte to which the ſolids are liable from the exertion of the ſeveral functions. A freſh cauſe of weakneſs will thus be communicated to the whole body, and the errors of the firſt concoction remaining uncorrected in the ſecond, a crude and indigeſted chyle will be ſucceeded by a thin and watery blood. To this may be added, that in ſuch a ſtate of the fluids, the thinner ſecretions will be increaſed beyond a juſt proportion, and the conſtitution be thereby more enervated.

2. An inactive life produces weakneſs by diminiſhing the digeſtions and diſcharges. Unleſs the fibres of the ſtomach be ſtimulated into contraction by the uſe of proper exerciſe, they become gradually more

more incapable of performing their function, and therefore indigeſtion will enſue. By the want of exerciſe, the blood is alſo moved with leſs velocity, whence the ſecretions and excretions will be diminiſhed; while by ſuch a diminution the vaſcular ſyſtem muſt be diſtended, and by that means, not only ſuffer an immediate, but be likewiſe productive of a future increaſe of relaxation, by not elaborating the blood ſufficiently for the purpoſes of nutrition.

3. A moiſt atmoſphere relaxes the body not only by its humidity, but by diminiſhing perſpiration, and thereby increaſing the diſtenſion of the veſſels.

In what manner the three occaſional cauſes here enumerated, of the general relaxation of the body, ſhould be productive of the *fluor albus*, will appear, by conſidering

conſidering the ſtate of the blood in thoſe conſtitutions where they have operated.

It is the natural effect of weak fibres always to act with ſmall force. The ſeveral functions, therefore, muſt be imperfectly performed, and the excretions being diminiſhed in proportion to the defect of the digeſtions, a load of ſerous humours will be accumulated in the body, through the incapacity of the veſſels for completing the proceſs of ſanguification: and the redundancy, which cannot be diſcharged by the regular laws of the œconomy, will be evacuated by ſuch out-lets as afford the leaſt reſiſtance to diſtenſion. But the part in the female body which is moſt liable to diſtenſion is the uterus, which will therefore become the channel of the diſcharge. This diſpoſition of that organ, however, may be increaſed by various means, which leads us to conſider the ſecond claſs of occaſional cauſes of the

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fluor albus, or thoſe which weaken the uterus in particular. This claſs comprehends all ſuch cauſes as either immediately weaken the part, or have a tendency to produce that effect by occaſioning a greater derivation of the fluids towards it, whether they act by relaxation or irritation, and which may be divided into the following.

1. An obſtruction, or immoderate evacuation of the *menſes*.

2. An abortion, or difficult birth.

3. Exceſſive venery.

4. Falls, or ſprains of the back.

1. An obſtruction of the *menſes* may prove an occaſional cauſe of the *fluor albus* both by producing a general plethora and relaxation, and particularly affecting the uterine veſſels. When theſe are diſtended with

with blood, the circulation will be in a great meaſure obſtructed, and the fluids not yielding readily to the impulſes of the heart, the thinner parts will be forced off by the lateral ducts, which, being thereby diſtended beyond their natural dimenſions, may continue to afford a paſſage to the diſcharge.

An immoderate flux of the *menſes* may likewiſe occaſion a *fluor albus* by ſtretching the extreme orifices of the blood veſſels ſo violently as that they cannot afterwards recover their former tone, or be capable of reſiſting the ſerous humours which will flow through them in ſuch a ſtate of relaxation.

2. The effect of an abortion or difficult birth, in producing the *fluor albus*, is ſo ſimilar in its operation to that of an immoderate flux of the *menſes*, that it requires no particular explanation.

3. Exceſſive venery becomes an occaſional cauſe of the diſeaſe by increaſing a derivation of the fluids to the uterus, and thereby producing ſuch a turgency of its veſſels as muſt be attended with an injurious diſtenſion.

4. Falls, or ſprains of the back, produce the *whites* by doing violence to the veſſels of the uterus, and ſtretching them beyond their natural capacity.

Though the *fluor albus* is commonly produced by a concurrence of ſome or other of the two claſſes of occaſional cauſes which have been mentioned, there nevertheleſs are caſes in which it is the conſequence of a fault in the uterus only. In general, however, a relaxation of the whole body is antecedent to the weakneſs of that organ; and when the diſeaſe is thus complicated of an univerſal and partial debility, it is always the moſt difficult to cure.

It

It is likewiſe of difficult cure when it proceeds from falls, ſprains, or any violent injuries of the uterus. By whatever cauſe it was at firſt produced, it becomes more obſtinate by long continuance, increaſing conſtantly the relaxation which originally occaſioned it, and by which again it is increaſed in its turn. It ſeldom, however, proves mortal except in weak conſtitutions, where it ſometimes induces a dropſy or conſumption. Where the matter is white and mild, the prognoſtic is always moſt favourable, and the contrary in oppoſite circumſtances. If acute pains are felt about the uterus, there is reaſon to be apprehenſive of a cancer.

The indications of cure in the *fluor albus* are different according as the diſeaſe has been produced by one or both claſſes of the occaſional cauſes above mentioned. Thus when a general relaxation of the body, and a conſequent redundancy of ſerous

humours, are united with a particular weakneſs of the uterus, the curative indications are, to alter the habit of body, divert the flux from the uterus, and reſtore the ſtrength of the part. But if the diſeaſe is owing only to a partial debility of that organ, and has not been of long continuance, the uſe of corroborating medicines becomes the ſole object of attention. As this indication, however, is comprehended under the more complicated idea of the diſeaſe, we ſhall proceed to the method of cure in the circumſtances firſt mentioned.

When the *fluor albus* has been occaſioned by an obſtruction of the menſtrual diſcharge, or any external injury, bleeding is proper at the beginning, in order to remove the diſtenſion of the uterine veſſels and facilitate the circulation. But if the diſeaſe has been owing to any other cauſe, or has either been ſo violent or continued

ſo

ſo long as to weaken the conſtitution, in which caſe the fluids are thin and watery, an evacuation of the globular part of the blood muſt always prove prejudicial; and accordingly I have known inſtances where the *fluor* was perceptibly increaſed after the imprudent uſe of the lancet. It is by the briſk action of the veſſels alone that the fluids are either condenſed, or kept in the conſiſtence of good blood; and therefore when the force of the moving powers is improperly diminiſhed by venæſection, the proceſs of ſanguification will not only be rendered imperfect, but even the globular part of the blood will recede into its ſerous particles, and thus freſh matter will be formed for increaſing the diſeaſe.

As one of the proximate cauſes of the *fluor albus* is a redundancy of ſerous humours, the moſt ſalutary evacuations in the diſeaſe muſt be thoſe which diſcharge ſuch fluids. Here, therefore, our prin-

cipal reſource is in purging, which of every diſcharge by the natural paſſages makes the largeſt and moſt immediate derivation of the thinner parts of the blood. For this purpoſe many have recommended the uſe of jalap, in conſequence of a ſimilarity betwixt the ſtate of the fluids in the *fluor albus* and dropſy, in the laſt of which that purgative is adminiſtered with remarkable advantage. Rhubarb, however, appears upon the whole to be preferable, on account of that bitteriſhneſs and aſtringency which render it particularly ſerviceable in a relaxed ſtate of body. Where the ſtomach was weak and delicate, I have given it in tincture, though otherwiſe I thought the powder more efficacious, and generally preſcribed it in the quantity of half a drachm, mixed with an ounce and an half of weak cinnamon-water, and half an ounce of the ſtrong. If the patient could bear the evacuation, I commonly repeated the draught in two or three days after,

after, and ſo for three or four times. By this means the redundancy of the humours was uſually ſo much diminiſhed, that the *fluor* ſeemed to abate, which I have always regarded as a certain ſign that the conſtitution was not farther relaxed by the purgative courſe. When the diſeaſe had thus been moderated, I either entirely laid aſide the uſe of the cathartic, or only gave a ſpoonful of the bitter tincture of rhubarb occaſionally at bed-time, to prevent a regeneration of the humours; which was likewiſe the method I ſometimes adopted from the beginning of the cure, if the patient ſeemed too weak to bear a larger doſe of the purge.

When the diſeaſe is in its infancy, without any ulcers in the uterus, and there is no room to ſuſpect that it had been owing to any venereal infection, it ſeems more eligible to refrain from the uſe of calomel, as what, by its weight and ſubtility, might

farther injure the uterine veſſels, which are already too much relaxed. However, if the matter be ſharp and fœtid, and the diſeaſe of long ſtanding, ſo that there is reaſon to apprehend leſs pernicious conſequences from penetrating the ſmall ducts, which are then become ſo patalous, than by ſuffering the diſeaſe to be ſupported by obſtructions, which may exiſt in the veſſels of the uterus, it is certainly expedient to try the effects of that remedy; and in ſuch circumſtances I have found it of great advantage. Nay, I have ſometimes been induced to adminiſter mercury at an early period, where the vaſcular ſyſtem ſeemed to be much obſtructed with viſcid fluids, of which the following caſe is an inſtance.

A young woman, of a lax and phlegmatic habit of body, and about twenty-three years of age, had her *menſes* entirely ſuppreſſed for near four months. In a few weeks after the beginning of her

complaint, ſhe felt an indolent tumour in one of her breaſts, and, much about the ſame time, was ſenſible of being ſeized with the *fluor albus*. The matter was white and of a good conſiſtence, but the quantity pretty conſiderable. She was ordered five grains of calomel, to be taken at night with conſerve of roſes, and purged off next morning with rhubarb; both which were repeated at ſhort intervals for four times. The running ſenſibly diminiſhed after the ſecond doſe. An emollient and diſſolving embrocation was daily applied to the tumour, which alſo viſibly declined. An infuſion of bitters, and chalybeate medicines, in wine, was afterwards preſcribed; by the uſe of which, in about a month after the commencement of the cure, her *menſes* returned, and ſhe was entirely relieved from all her complaints.

It is probable that all the circumſtances in this caſe proceeded from a viſcidity of the fluids, the evidence of which certainly indicated an earlier recourſe to mercury, than the ſtate of the *fluor albus* would perhaps have rendered adviſeable, had it been attended with no other complaint.

Though ſerous humours are moſt expeditiouſly evacuated by the glands of the inteſtines, yet they may alſo be diſcharged both by the urinary and cuticular excretions. The former of theſe channels, however, has generally been reckoned unſucceſsful in the cure of the *fluor albus*, from an opinion that diuretic medicines, by their ſtimulating quality, have an influence on the veſſels of the uterus, and might thereby, along with the flux of urine, increaſe the morbid evacuation. But whatever weight there may be in ſuch an objection, it is certain that a derivation of the thinner parts of the fluids may be advantageouſly

advantageouſly made from all the internal parts of the body to the pores of the ſkin. On which account, diaphoretic medicines are often uſed with ſucceſs in the cure of the *fluor albus*. Accordingly, on the intermediate days of purgation, I have ſometimes given, at bed-time, a few ſpoonfuls of ſuch a julep. I am now convinced, however, that medicines of that claſs are by far the moſt ſucceſsful when uſed in a dietetical manner; having often known a decoction of ſaſſafras, guaiac, or ſarſaparilla, to be drank with remarkable benefit, eſpecially when boiled in lime water; than which there is ſcarce any better alterative in conſtitutions where the ſolids are lax, and the fluids phlegmatic. This excellent compoſition not only diſſolves obſtructions proceeding from a mucous viſcidity of the fluids, but likewiſe ſupports perſpiration, and tends to ſtrengthen debilitated parts.

When

When the *fluor albus* is obſtinate, and the conſtitution cannot bear a frequent or long continued increaſe of the natural diſcharges, artificial evacuations have often been advantageouſly ſubſtituted, by means of iſſues. Some authors abound with ſuch high encomiums on the efficacy of theſe expedients in this diſeaſe, as almoſt to prefer them to every other method of evacuation. I have certainly known them to be of extraordinary advantage. But from the ſmall quantity of matter which they diſcharge, they appear to be better adapted for preventing a regeneration of ſerous humours, than draining off a conſiderable collection. However, as a palliative cure, they are undoubtedly beneficial; and as they afford a perpetual out-let for ſerous humours, without diminiſhing any of the natural diſcharges, it is adviſeable to have recourſe to them in a long continuance of the diſeaſe.

When

When the ſerous *colluvies* has been diminiſhed by theſe evacuations, and the flux diverted from the uterus, we ought then to proſecute the next indication of cure, which was, to ſtrengthen the whole body, if the diſeaſe has been originally owing to an univerſal relaxation, and particularly, to reſtore the tone of the uterine veſſels, which have been weakened by diſtenſion.

Previous to the uſe of aſtringent medicines, an emetic has generally been adviſed to be taken once or twice, to cauſe a revulſion, and thereby facilitate their operation. It would ſeem, however, that ſuch a method is by far too temporary to produce any laſting effects. For it is not, certainly, in a chronic diſcharge, as in an acute fluxion upon a part, where a ſudden revolution of the blood may prove the means of ſuppreſſing the diſorder. Tho' vomiting, however, may be of little conſe-

quence

quence in the *fluor albus* in regard to its revulſatory effects, yet ſtill it may be of ſervice as an evacuation, eſpecially in thoſe patients whoſe ſtomachs ſeem to be loaded with phlegm: and therefore, when there was no circumſtance to forbid it, I have generally preſcribed an emetic at the beginning of the cure.

The aſtringent remedies commonly uſed are the *terra Iaponica, ſanguis draconis, corallium rubrum,* &c. I have found none, however, more effectual than the Peruvian bark, particularly when the diſorder proceeded originally from an univerſal relaxation. When taken in powder, or electary, its virtues are probably received moſt entire; and in theſe forms, a portion of alum may very properly be mixed with it, if the ſtomach can bear it.

Chalybeate medicines may be advantageouſly joined with the bark, when evacuations

cuations have been premiſed; as no remedies tend more to ſtrengthen debilitated fibres, and give a briſker circulation to the blood. For theſe reaſons mineral waters, eſpecially thoſe of the German Spaw, and Bath in Somerſetſhire, are preſcribed with great ſucceſs in this diſeaſe.

The hot waters of Briſtol, though containing no chalybeate principle, are alſo found highly beneficial in the *fluor albus*, as well as in other diſorders ariſing from immoderate ſecretions.

Beſides aſtringents, mucilaginous medicines, ſuch as gum arabic and tragacanth, are often too indiſcriminately uſed in this diſeaſe, though they are only of advantage by ſheathing the humours, when theſe are thin and acrid, and by guarding againſt excoriation.

Some

Some of the native balſams, and terebinthinate medicines, particularly the *balſam. copaiba* and *terebinth. e Chio* are likewiſe recommended as ſerviceable. As they have both a balſamic and deterſive quality, they may undoubtedly contribute to ſcour the veſſels, and give a ſmoother conſiſtence to the fluids: but being endowed more with warmth than aſtringency, they rather ſtimulate and comfort the fibres than impart any durable ſtrength; and though they may properly enough be premiſed, they will ſeldom be found ſufficient to ſuperſede the uſe of other aſtringents. I have indeed known the diſeaſe to be palliated by the *balſam. capaiba*, but never completely eradicated.

When all the medicines which have been mentioned prove ineffectual, a ſalivation has been recommended, as the ultimate reſource: and if the diſorder proceeds from obſtructions of the glands, mercurial

mercurial medicines are certainly highly adviſeable: but as a general weakneſs of the body is commonly previous to chronic obſtructions, it ſeems ſafer to exhibit thoſe remedies in ſmaller quantities. I have myſelf ſeen but few caſes of the *fluor albus* in which a ſalivation was tried; but from one inſtance which fell within my knowledge, I have ever ſince been deterred from preſcribing that method of cure. In the caſe I ſpeak of, the diſeaſe was accompanied with a venereal taint. The former had continued for ſome months, and the patient was much reduced. As the mercury began to affect the mouth, the *fluor albus* ſenſibly increaſed, and afterwards kept pace with the ſalivation: nor did it return entirely to its former ſtate, even on the decline of that diſcharge. The patient at laſt died conſumptive.

Along with internal remedies, topical applications are of great advantage in the

fluor albus, when they can reach the ſeat of the diſeaſe. The almoſt general neglect, into which theſe remedies have fallen, is reprehended by Hoffman, and there ſtill remains reaſons for ſuch cenſure againſt the preſent practice. Women of great delicacy, indeed, may no doubt be averſe to the uſe of them, but certainly their efficacy ought to ſuperſede every other conſideration. They are moſt adapted to ſuch caſes as proceed more from a partial debility of the uterine veſſels than a relaxation of the whole body. The manner in which they are uſed is both by injection and fumigation; the former of which may be compoſed of a variety of aſtringent ingredients. Doctor Mead, for this purpoſe, recommends Bates's *aqua aluminoſa*, or the *aqua vitriolica camphorata*. Nothing certainly which is acrid ſhould be admitted; and of whatever the injections are made, they ought to be given only in a ſmall quantity at a time, as one or at moſt two

ounces,

ounces, and frequently repeated. When there are ulcers in the parts, they ſhould be cleanſed by an injection of *mel. roſar.* diſſolved in lime water; or ſome of that deterſive ingredient may be mixed with the aſtringents.

Fumigations moſt properly ſucceed the uſe of injections, and may be compoſed of vapours of myrrh, maſtick, olibanum, *&c.* thrown upon hot coals, or a ſhovel, and conveyed into the vagina. Theſe applications ought alſo to be often repeated, and I have known ſeveral caſes where they have been attended with remarkable advantage.

Among external remedies in the *fluor albus*, nothing is more effectual than the cold bath, when the diſorder is occaſioned by univerſal relaxation; as it braces the fibres, and promotes both the digeſtion and excretion of ſerous humours. I have

known ſome inſtances in which it has ſucceeded when medicines taken inwardly had failed.

When the diſeaſe has been owing to a ſprain of the back, it is common to preſcribe a ſtrengthening plaſter. But it would appear that ſuch an application can be of very little advantage, as the ligaments of the uterus, which in that caſe are ſuppoſed to ſuffer a relaxation, can ſcarcely be affected by the uſe of any external aſtringent.

Scarce any diſeaſe requires a more attentive regard to regimen than the *fluor albus*, without a proper obſervance of which the moſt ſalutary remedies will generally prove ineffectual.

Temperance in eating and drinking is ſo indiſpenſibly neceſſary that there are many inſtances of people being cured by that

that means alone, without the aſſiſtance of any medicine. From whatever cauſe the diſeaſe has proceeded, it is impoſſible that the uterine veſſels can ever recover their tone while they are kept in a ſtate of diſtenſion by the uſe of too full a diet: and if the conſtitution has been previouſly relaxed, the flux muſt unavoidably be increaſed by the redundancy of ſerous humours which will be accumulated by a courſe of intemperance.

Proper regard ſhould be had to the quality of the food as well as to the quantity, eſpecially where the patient is weak; in which caſe the aliments ought to be nouriſhing and eaſy of digeſtion; conſiſting of chocolate, ſago, jelly of harts-horn, or calves feet, and the tender kinds of fleſhes, which ſhould rather be roaſted than boiled. Salted meats, cheeſe, acids, and in general moſt vegetable ſubſtances ought to be avoided, as affording either

too viſcid or too crude and watery juices to be eaſily aſſimilated in a relaxed ſtate of the concoctive powers. The flatulence likewiſe which is commonly produced by a vegetable diet, renders aliments of that nature ſtill more unſuitable when the bowels are weak. I have often obſerved good effects from the white of an egg, beat up with a little ſweet milk and ſugar, and taken once or twice a day.

The moſt ſuitable drinks in this diſeaſe are Pyrmont, Briſtol, or lime water, with the addition of a little port wine. Decoctions alſo may be uſed for this purpoſe, made of mace, cinnamon, and ſome of the aſtringent roots and flowers; to which, if the matter diſcharged be thin and ſharp, a little ſhavings of harts-horn, or gum arabic or tragacanth, may be added, to give the fluids a more balſamic conſiſtence, and prevent excoriations of the parts. The uſe of tea ought certainly to be prohibited

prohibited on account of its relaxing quality; but it would appear that coffee may be drank with leſs detriment, if not even with ſome advantage, eſpecially in phlegmatic conſtitutions.

I have more than once known the *fluor albus* to be cured by a well regulated milk diet alone, after a tedious courſe of medicines had proved ineffectual, in women of a thin habit of body, and in whom the diſorder had been produced by a general weakneſs.

A warm and dry air is of great advantage in this diſeaſe, by promoting perſpiration; and I have often obſerved, that when the diſcharge was interrupted, by catching cold, the patient complained of an increaſe of the *fluor*; the perſpirable matter being carried, by a *metaſtaſis*, to the veſſels of the uterus. This accidental

increaſe of the diſeaſe, however, was ſoon removed by a gentle diaphoretic.

In order the better to ſupport the perſpiration, I have adviſed the uſe of a pair of flannel drawers, which reached as high as the navel, and was worn with conſiderable advantage. It was impregnated every morning with the vapours of myrrh, maſtic, and olibanum; and when thus uſed, it never failed of abating the pain in the ſmall of the back, where that ſymptom was troubleſome.

This method of wearing drawers would appear to be preferable to the uſe of a flannel ſhirt; as the parts adjacent to the uterus are thereby more cloſely embraced, and a greater derivation conſequently made from that organ. It is probable, however, that if the upper parts of the body were alſo inveſted with flannel, the effect would be ſtill more beneficial. We know for certain

certain that there is a remarkable connection between the veſſels of the uterus and the breaſts, and it would therefore ſeem adviſeable that theſe parts in particular ſhould be kept warmly covered in this diſorder.

Moderate exerciſe is beneficial in the *fluor albus*, as in all diſeaſes proceeding from debility; though thoſe kinds of it, which too much employ the limbs, are prejudicial in proportion to their violence and duration, by occaſioning a greater quantity of blood to flow into the veſſels of the uterus, and thereby increaſe their diſtenſion. The moſt ſuitable in this diſeaſe is riding on horſe-back or in a carriage.

I ſhall now only obſerve, that the indulgence of venereal embraces is incompatible with the indications of cure; and this remark ought certainly to be intimated to ſuch

ſuch patients as live in a conjugal ſtate, ſince it would be abſurd to expect the deſired ſucceſs from any medicines, while their ſalutary effects are counteracted by an injurious uſe of the non-naturals.

CHAP.

CHAP. V.

Of the HYSTERIC PASSION.

THE multiplicity of ſymptoms which conſtitute the idea of this diſeaſe has procured it various appellations; phyſicians denominating the complex malady by that particular ſymptom which they obſerved to be either the moſt frequent or predominant in their patients. For this reaſon we find it treated of by authors under the ſeveral names of the hyſteric paſſion, ſuffocation, ſtrangulation, aſcent of the uterus, and uterine epilepſy. In its nature it ſo nearly reſembles that diſeaſe in men which is termed the hypochondriac, as to be diſtinguiſhed from it only by the diverſity of the ſex which it invades. But though the hyſteric paſſion is confeſſedly more frequent now than formerly, it is not, however, of recent

origin, but was known to the antient phyſicians.

This diſeaſe chiefly ſeizes women who are delicate and endowed with great ſenſibility. The unmarried and widows are more ſubject to it than thoſe who have huſbands, in ſo much that many have been relieved from it by entering into a conjugal life.

The hyſteric paſſion is one of thoſe diſeaſes which ſeizes a perſon at intervals, but without obſerving any regular and ſtated periods. Sometimes the paroxyſms return more frequently; ſometimes the intermiſſions are longer. It is obſerved, however, that people who are ſubject to this complaint, though they often live unmoleſted by the more uneaſy and palpable ſymptoms which attend it, are yet, if carefully examined, ſeldom found to be entirely exempted from the more latent,

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and leſs obvious indications of the diſeaſe. As the return of the paroxyſms is irregular, ſo likewiſe are their violence and duration.

The character of this diſeaſe is ſo various and complex, as ſcarce to be comprehended by any preciſe and definite limitation. The vital, the natural, and the animal functions are equally expoſed to its invaſion: and the judicious Sydenham has obſerved, that there is almoſt no internal diſorder of the body which is not ſometimes counterfeited by it. A malady ſo anomalous and excentric in its appearances might baffle the moſt accurate deſcription, but, happily, to guide our inveſtigation, it is generally accompanied with ſome peculiar ſymptoms which elucidate the genius of the diſeaſe. We ſhall now proceed to deſcribe it.

At the approach of the hyſteric paroxyſm the perſon is commonly ſeized with an unuſual liſtleſſneſs and languor, accompanied with yawnings, pandiculations, hiccup, a ſenſe of creeping, and noiſe of the inteſtines. A heat of the whole body, with a heat and redneſs of the face, which are ſucceeded by coldneſs and ſhivering. A tenſive or beating pain is felt either in the temples, fore-part, back, or crown of the head, which is circumſcribed within narrow bounds, and is termed *ovum hyſtericum*, or *clavis hyſtericus*. A pain alſo ſometimes attacks the loins, back, thighs, and ſides of the thorax; ſometimes the teeth; at other times the kidneys and bladder, and counterfeiting that of the ſtone. The ſtomach and bowels are diſtended with wind. A vomiting is excited, of extremely acid matter, or green bile. A copious ſalivation enſues.

ſues. Limpid urine is diſcharged, in great quantity. The patient laughs or cries immoderately, without any apparent cauſe. A delirium ſometimes ſupervenes. Reſpiration is difficult, almoſt to ſuffocation; with the ſenſe of a ball, as it were, aſcending towards the throat. The heart beats and palpitates inordinately. The pulſe is hard and fluctuating, and ſometimes becomes entirely imperceptible. In the rigour of the paroxyſm, the patient falls into *deliquia*, apoplexy, or convulſions. In its declination, all the ſymptoms quickly ſubſide. A murmuring noiſe pervades the bowels. Wind is exploded from the ſtomach. The body reſumes its wonted warmth. The relieved patient looks up: and with deep, ſlow, and repeated ſighs, returns to the ſenſe of her deliverance. The fit is often terminated by a ſweat, or the diſcharge of lymph, and ſometimes,

times, bloody ſerum, which flows from the vagina.

Among the various ſymptoms of the hyſteric paſſion, Aſtruc enumerates four, as the principal, which, he ſays, are obſerved in every fit, though they are not always in the ſame degree, and which he would therefore have to be conſidered as eſſential to the diſorder. "It is certain," ſays he,

1. "That the fit begins always with "ſome dull ſenſation, and obſcure motion, "which the patient perceives in the "uterus.

2. "That this ſtate is followed by "ſome contraction of the neck, which "makes the patient complain of being "choaked.

3. "That

3. "That the thorax is, at the ſame "time, compreſſed together in the under-"part, and the ſides, as by a circle of "iron.

4. "That the patients feel in the "abdomen, as it were, a ball, which rolls "and ſhifts into different places, ſome-"times larger and ſofter, and ſometimes "harder and ſmaller."

Such, in general, are the ſymptoms obſerveable in this extraordinary diſeaſe; which, though they occur not all in every paroxyſm, or in every patient, are, ſome of them, more or leſs the conſtituents of that malady. When united, even partially and in a moderate degree, they throw the natural and animal functions into alarming diſorder; but, if totally and violently combined together, they may end in the deſtruction of life. And tho' ſuch is ſeldom the event of hyſterical

commotions, there, nevertheleſs, are inſtances in which it has happened.

This diſeaſe was vainly imagined by the antients to proceed from an aſcent of the uterus, or from the ſpermatic humour corrupted in that organ; from whence vapours were ſuppoſed to ariſe, which attacked the different parts of the body, and, by their malignity, excited the hyſteric paroxyſm.

But in anſwer to this opinion it may be obſerved, that hyſteric ſymptoms are ſeldomer excited by any fault in the uterus, than by violent affections of the mind, or a diſordered ſtate of the ſtomach: for virgins are often free from hyſterical complaints, while married women, and even thoſe who bear children with eaſy labours, are ſometimes afflicted with them. Moreover, women who are perfectly regular, and have no ailment about the uterus, are frequently

frequently known to be moleſted by ſuch ſymptoms; while thoſe who labour under ſchirrous tumours and other diſorders of that part, are either not affected, or not in a very violent degree: and what ſtill farther refutes the opinion of the uterus being the principal or only ſource of the diſeaſe is, that in thoſe who have greatly ſuffered by a long continuance of that malady, the womb, after death, has frequently been obſerved to be ſound. Upon the whole, therefore, though the uterus, like the alimentary canal and other *viſcera* of the *abdomen*, may ſometimes be the ſource of hyſteric complaints, there is no reaſon to conclude that they proceed moſt frequently from any morbid ſtate of that organ: and the cloſe reſemblance of the hyſteric diſeaſe in women to that of the hypochondriac in men plainly evinces that it cannot always proceed from the fault of any part of the body, which is not common to both ſexes.

If we carry our inquiry to the predispoſing cauſe of hyſterical affections, we ſhall find that they generally ariſe in people of the weakeſt conſtitutions, and ſuch as are endowed with nerves the moſt delicate and the moſt ſuſceptible of every impreſſion. This irritability of body is often hereditary, but may alſo be acquired by every accident and error of life which diminiſhes the vigour of the conſtitution. Hence long or ſevere fits of ſickneſs are particularly injurious; as are likewiſe all profuſe evacuations, and abſtinence, which produces the ſame effect; together with immoderate watching, and a ſedentary and inactive life. We may alſo rank among the cauſes of weakneſs, a viſcid, acid, and flatulent diet, whence crude and unwholeſome chyle is produced, and all the baneful effects of indigeſtion. To theſe deſerve to be added the deſponding paſſions of the mind, the moſt violent abettors of hyſterical commotions, and whoſe pernicious influence

influence in producing imbecillity, is even ſuperior to the more palpable accidents which affect the conſtitution.

Beſides a too great ſenſibility of the nervous ſyſtem in general, there is often a weakneſs or delicacy in particular parts of the body, which proves the cauſe of extraordinary commotions, and is no where more remarkable than in the alimentary canal, eſpecially the ſtomach. But this delicate ſtate of thoſe bowels appears not to conſiſt entirely in a weakneſs alone, but chiefly in an uncommon and perverted diſpoſition of their nerves, which have a feeling very different from what is natural. Thus, we obſerve, in perſons endowed with ſuch a delicate ſtate of the alimentary canal, that the appetite is often not only good, but that the ſtronger kinds of fleſh, even when ſalted and dried, will be more eaſily digeſted, than many kinds of vege-

tables, which ſit much lighter on the ſtomachs of healthy people.

This irritable diſpoſition of the nerves of the ſtomach and inteſtines varies greatly in the ſame perſons at different times. Hence we find that the ſame kinds of aliments, which on other occaſions are digeſted without any inconvenience, will ſometimes lie long on the ſtomach, and produce pains, flatulence, and looſe ſtools.

That many of thoſe complaints which have been denominated hyſteric, proceed from a particular depraved ſenſibility of the nerves of the ſtomach and inteſtines appears evidently from this conſideration, that women in whom thoſe bowels are much diſeaſed, are not affected with any violent hyſteric ſymptoms, while others who have a good appetite and digeſtion, and ſeem to have their ſtomachs free from

noxious humours, are greatly troubled with diſorders of that kind.

How much an exceſſive ſenſibility of the nerves of any particular part of the body, ſhould occaſion ſo univerſal a perturbation in the animal œconomy as is frequently obſerveable in the hyſteric paroxyſm, can only be accounted for from that wonderful ſympathy which ſeems natural to the whole nervous ſyſtem.

But though an extreme delicacy of the nerves, either of the whole body or any particular part, may render a perſon liable to hyſteric complaints, it ſeldom of itſelf excites them without the concurrence of ſome occaſional cauſe, which gives riſe to an irritation of the nerves.

The occaſional cauſes may be properly divided into the following.

1. The diminution or ſuppreſſion of ſome accuſtomed evacuation.

2. Inanition.

3. Some acrid matter in the blood.

4. Wind, phlegm, or worms, in the ſtomach and bowels.

5. Obſtructions in the abdominal *viſcera*.

6. Violent paſſions of the mind.

7. The *effluvia* of ſome odorous ſubſtances.

1. A diminution or ſuppreſſion of every natural or accuſtomed evacuation is frequently productive of fatal changes in the animal œconomy: and as irregularities in the menſtrual diſcharge are thoſe to which women are particularly liable, many and various diſorders are therefore incurred from

from that cauſe. Among theſe the ſymptoms of the hyſteric diſeaſe are not the leaſt conſpicuous. In what manner ſuch violent perturbations ſhould be produced, by the retention of an accuſtomed diſcharge, may not perhaps be eaſy to account for. It would appear, however, from that obvious ſympathy which ſubſiſts between the various parts of the body, that the ſymptoms of the hyſteric diſeaſe, when it is the conſequence of obſtructed *catamenia*, are principally excited by a conſent of the other nerves with thoſe of the uterus; the veſſels of which organ, in ſuch circumſtances, are particularly liable to diſtenſion, eſpecially in women of a ſanguine conſtitution. Thus the ſtomach and bowels, which are generally the parts moſt ſenſibly diſordered in the hyſteric paroxyſm, may not only be ſecondarily but primarily affected, by an accumulation of blood: and in fact we find that bleeding is often the beſt remedy for the complaints

plaints to which women are liable at the age when their courſes forſake them.

Several reaſons, however, would induce us to conclude that a ſuppreſſion of the menſtrual evacuation may not only be hurtful by the quantity of blood which is accumulated, but likewiſe by its quality. It is not improbable therefore, that, along with the menſtrual blood, ſome noxious matter may be retained, which falling on particular parts in thoſe who are endowed with a great ſenſibility of the nervous ſyſtem, may excite ſuch violent alternate contractions of the veſſels, as frequently to expel the blood by orifices, through which it ought not naturally to paſs: and this ſeems to be the cauſe of thoſe peculiar hæmorrhages which are ſo often the conſequence of ſuppreſſed menſtrual evacuations. To the irritation of this acrimonious matter, affecting the nerves, many other complaints which are the conſequence

quence of menſtrual obſtructions, may alſo be owing. And this ſeems to be confirmed by obſerving that iſſues, ſetons, and old ſores, when ſuddenly dried up, or a ſtoppage of perſpiration, often produce effects ſimilar to thoſe which follow an obſtruction of the *menſes*.

2. Inanition or a deficiency of blood may be another occaſional cauſe of hyſteric diſorders: for ſymptoms of that nature frequently ſucceed an immoderate flux of the *menſes*, or *lochia*. It is neceſſary for the ſupport of the ſeveral functions that the blood ſhould exiſt in a ſufficient quantity: for if it be defective, the ſecretion of the animal ſpirits muſt be proportionably ſmall, whence there will ariſe a weak and diſturbed circulation, with an irregular diſtribution of the nervous power.

3. That an acrid matter in the blood is often the cauſe of hyſteric complaints, ſeems

ſeems to be evinced from many obſervations, though we know not the particular kind of acrimony with which it is endowed. It is probable indeed that it may be of various kinds, and conſiſt either of acrid and indigeſted aliments, or the relics of diſeaſes which have not been perfectly cured. Scorbutic and ſcrophulous conſtitutions may alſo be diſpoſed to engender it: but it would appear to be moſt frequently the offspring of an arthritic diſpoſition: for when the nerves of the ſtomach are affected with the gout, many of the ſymptoms obſerveable in the hyſteric paroxyſm are excited.

4. As hyſteric diſorders may be cauſed by ſome acrid matter in the blood, ſo they may likewiſe be occaſioned by whatever excites a diſagreeable ſenſation in the ſtomach and inteſtines. When theſe bowels are weak, and their nerves endowed with great ſenſibility, the air contained in the

the aliments is ſometimes ſeparated in ſo great a quantity in the time of digeſtion as to produce many uneaſy complaints, ſuch as *nauſea*, faintneſs, low ſpirits, watching, difficulty of breathing, the *globus hyſtericus*, giddineſs, ſhooting pains of the head, *&c.*

How ſo many various ſymptoms in different, and even diſtant parts of the body, ſhould be produced by wind in the ſtomach and inteſtines, may eaſily be accounted for from its effect in diſtending thoſe bowels, thereby exciting ſpaſms and diſagreeable ſenſations in their nerves, which are communicated by ſympathy through all the ſyſtem.

The effects of wind, however, in the firſt paſſages, are not always uniform or equally violent even in the ſame perſon; but its operation will be different, according as the nerves of the ſtomach and inteſtines happen to be in a ſtate of greater or leſs

leſs ſenſibility. And it is owing to ſuch a particular diſpoſition of the nerves of theſe bowels, that whilſt a ſmaller degree of flatulence will produce many hyſteric complaints, there is often no remarkable diſturbance excited by a tympany, where the diſtenſion is infinitely greater.

When the glands and exhaling arteries of the ſtomach and inteſtines pour out a greater quantity of *mucus* than is neceſſary to defend their nerves from the acrimony or attrition of the aliments, many troubleſome ſymptoms are excited in delicate conſtitutions, from a diſagreeable affection of the nerves of thoſe parts. Such are a want of appetite, ſometimes an unnatural craving for food, a *nauſea*, flatulence, gripes and looſeneſs, cold and hot fits, a quick pulſe, weakneſs, faintings, lowneſs of ſpirits, ſleepineſs, ſighing, convulſive motions, giddineſs, and ſometimes a ſlight delirium.

In

In perſons in whom the alimentary canal is endowed with a great degree of ſenſibility, worms in the firſt paſſages, are often productive of many ſymptoms ſimilar to thoſe excited by wind or phlegm, and dependent likewiſe on an irritation of the nerves of the ſtomach and bowels from the frequent motions or biting of thoſe creatures.

Several of the ſymptoms occaſioned by wind, phlegm, or worms, in the firſt paſſages, may alſo be excited by acrid humours in the parts.

5. Obſtructions in the abdominal *viſcera* often produce want of appetite, *nauſea*, cramps in the ſtomach, flatulence, vomiting, hectic heats, low ſpirits, and other hyſteric complaints. The manner in which ſuch obſtructions occaſion theſe effects, is probably by diſturbing the functions of the organs in which they exiſt,

by

by impeding the free circulation of the fluids, and by affecting the nerves with uneasy sensations.

6. Of all the occasional causes of hysteric disorders, violent passions of the mind are those which throw the animal œconomy into the most sudden and surprising commotions, in persons of great sensibility. Bonnetus mentions the case of a lady, who, among other hysteric symptoms, occasioned by grief and disappointment, was seized with frequent fainting fits, which sometimes lasted half an hour; and many instances are recorded by other authors, of the astonishing and even fatal effects of all the various vehement affections.

But besides that hysteric disorders are excited by violent passions of the mind, affecting the nerves of individuals, they are also frequently communicated by an amazing sympathy betwixt the nervous systems

ſyſtems of different perſons. Thus it has been obſerved in the Royal Infirmary at Edinburgh, that women have been ſeized with hyſteric fits, from beholding others attacked with them. One of the moſt extraordinary inſtances, however, of ſuch a ſympathetic propagation of convulſive diſorders, happened in the poor's houſe at Haerlem, in the time of the celebrated Boerhaave. A girl, upon receiving a great fright, fell into convulſions. Immediately all who crouded round, either to ſee or aſſiſt her, were ſeized in the ſame manner. For the ſpace of two days the diſorder continued to be propagated; attacking one perſon ſucceſſively at the ſight of another, till almoſt all the boys and girls in the houſe laboured under the paroxyſm. The phyſicians of the place aſſembled, and preſcribed the moſt powerful nervous medicines without any effect. At laſt Boerhaave is ſent for; who, obſerving in

what manner the diſeaſe was communicated, reſolved to try the force of an expedient which might affect the imagination. Accordingly, ordering ſeveral portable furnaces to be placed in the apartments, on which were laid burning coals, and hooks of iron, of a particular ſhape, he informed them, that ſince medicines had proved ineffectual, he knew of no other remedy than that the perſon who ſhould be firſt ſeized with the next paroxyſm, whether boy or girl, ſhould be burnt in the arm with a hot iron, as far as the bone. All were ſtruck with ſuch terror upon hearing this ſentence anounced, that when the paroxyſm would again have ſeized them, they endeavoured with all their power to reſiſt its progreſs, and their reſolution was attended with ſucceſs. This being ſo remarkable an anecdote, it may not be improper to give it here at full length, as it is related by Kaau Boerhaave,

Boerhaave, nephew to the learned profeſſor *.

The

* In domo, quâ pauperes ex eleemoſynis publicè aluntur in civitate Harlemenſi, perterrita puella incidit in morbum nervorum convulſivum, certis paroxyſmis reducem: adſtantium et adjuvantium in eam intenta itidem corripitur eodem morbo; poſtridie altera, deinde tertia, quarta, imò ferè omnes, tam pueri quam puellæ: ſtatus miſerrimus! Corripitur hic, corripitur illa, imò ferè omnes eodem tempore, dum unum alter aſpicit, proſternuntur. Medici ſolertes fruſtra adhibent, quæ dictat ars, ſaluberrima antiepileptica medicamina. Confugitur tandem ad Boerhaavium, qui miſertus infelicis pauperum ſortis, petiit Harlemum, et dum rem examinat, invadente in unum paroxyſmo, vidit convelli plures ſpecie epilepſiæ. Datis incaſſum optimis remediis a medicis ſapientibus, et ad imaginationem ex uno in alterum traducto morbo, ritè perpenſis, hanc avertendo, credidit poſſe curam obtineri, et obtinuit. Scilicet præmonitis ephoris, præſentientibus omnibus, juſſit per cameram diſponi fornaces portatiles, prunis ardentibus inſtructas, atque iis imponi ferreos hamulos, ad certam figuram adaptatos; tum ita mandavit: Quia omnia fruſtra forent, ſe aliud neſcire remedium, quàm, ut qui primus, puer foret puella, infauſto morbi paroxyſmo arriperetur, locus quidam nudati brachii candente ferro ad os uſque inurereter; utque gravitate pollebat dicendi, perterriti omnes ad crudele remedium, dum

The great reſemblance which the hyſteric paroxyſm bears to ſeveral diſeaſes of a different nature, and which require each its correſpondent method of cure, renders it extremely neceſſary for the phyſician to attain an accurate idea of its genuine ſymptoms, and to be able to diſtinguiſh it from thoſe diſorders with which it might be unwarily confounded. Here, therefore, we muſt have immediate recourſe to the characteriſtic ſigns, which were formerly enumerated, and which are ſo peculiar to this diſeaſe that they ſcarce ever accompany any other. Theſe are principally the limpid urine, the ſenſe of ſuffocation, and a pain in the back; all of

inſtare ſentiunt paroxyſmum, omni mentis intentione, et metu dolorificæ inuſtionis, eidem reſiſtunt fortioris oblatione ideæ: et certe quantum valeat hic ab objecto animæ intentæ revulſio docet epilepſia diverſimodè curata, ut quidem ipſe terror eandem ſuſtulerit, febris epidemica, quartana, ptyaliſmus, matrimonium, virga.

Abr. Kaau Boerhaave impet. faciens Hippocrati dictum, §. 406.

which

which may be clearly aſcertained in ordinary caſes. But if the fit is ſo exceedingly violent, and the patient ſo inſenſible, that we cannot procure any ſatisfactory information in regard to the exiſtence of theſe ſymptoms, we muſt next examine into the conſtitution of the patient, as whether or not, before the paroxyſms aroſe to ſo great a height, or during their intervals, ſhe was ſubject to any of the more moderate and uſual ſymptoms of the hyſterical diſeaſe; and whether the paroxyſm was apparently excited by any fragrant *effluvia*, or any violent paſſions of the mind. If this enquiry ſhould terminate in the affirmative, we may conclude with certainty that the diſorder is of the hyſteric kind. But if, as ſometimes happens, the paroxyſm has been excited without any ſenſible cauſe, and we are thereby deprived of a principal criterion by which we might judge of its nature, we muſt then depend entirely upon the ſymptoms for the diſcovery of the

diſeaſe: and in ſuch a ſituation we ought to be particularly careful not to miſtake the diſeaſe which actually exiſts, for one to which it is ſimilar, as ſuch an error might be productive of the moſt fatal conſequences in practice. In order to prevent, as much as poſſible, any dangerous miſtakes of that kind, it will be proper to take a comparative view of the principal diſeaſes which are moſt frequently counterfeited by the hyſteric paroxyſm, and briefly to point out by what circumſtances they may be diſtinguiſhed from that diſorder.

The hyſteric paroxyſm, though it ſometimes reſembles the ſyncope, yet differs from it in ſeveral circumſtances. One is, that the face is redder and more tumid in the hyſteric paſſion than in the ſyncope; another, that the ceſſation of the pulſe is greater and more entire in the former than in the latter; and a third, that the ceſſation of the pulſe is alſo longer in the hyſteric paſſion

paſſion than in the ſyncope. For there is no ſyncope from which a perſon recovers, where the pulſation of the heart is ſo entirely obliterated, as in the hyſteric paſſion. Beſides, there is no ſyncope which laſts above an hour; whereas a violent hyſteric paroxyſm has been known to endure for ſome days. Aſtruc mentions another circumſtance as diſtinguiſhing theſe two diſorders, which is, that in the ſyncope, there is no motion perceived in the abdomen; whereas in the hyſteric vapours, unleſs they be exceſſive, ſome is commonly felt, particularly about the region of the uterus; which may be yet better known by examining the vagina.

There is ſtill a more obvious difference betwixt the hyſteric paroxyſm and apoplexy. For in an apoplexy, the pulſe and reſpiration do not ceaſe; whereas they either really or apparently ceaſe in a violent hyſteric fit.

The hyſteric paroxyſm may be diſtinguiſhed from the epilepſy by the ſame criterion, as it may likewiſe by another circumſtance, which is, that in the epilepſy, the patient foams at the mouth; an accident which is never obſerved to take place in the hyſteric paroxyſm, where the reſpiration being either totally ſuſpended, or faintly performed, the expired air cannot be wrought up with the *ſaliva*, and agitated into foam.

When hyſteric ſpaſms attack the kidneys and ureters, they imitate ſo cloſely the concomitant ſymptoms of a ſtone in theſe parts, as ſometimes to impoſe even upon experienced practitioners. But if they are not diſtinguiſhed from each other previouſly to the application of remedies, they may be clearly aſcertained by the uſe of injections. For if a ſtone be the real cauſe of the complaint, the violence of the pain will be mitigated by thoſe applications;

whereas on the contrary, if the diſorder be of an hyſterical nature, it will be more exaſperated by them.

The hyſteric diſorder alſo frequently counterfeits the ſymptoms of the ſtone in the bladder; but the nature of it may be known by inſpecting the urine, when it is not retained, which, in the former, is always limpid, and in the latter, commonly mucous or bloody.

From the compariſon which we have here exhibited of the hyſterical with other diſorders, it appears, that however much it may reſemble ſome local diſeaſes in certain ſymptoms, there is ſtill ſome peculiar circumſtance which marks the diſtinction. But it will much facilitate the forming a juſt apprehenſion in every dubious and equivocal caſe, if we attend to that remarkable coldneſs of the external parts, which precede hyſteric fits, and the extreme

lowneſs

lowneſs of ſpirits ſo obſerveable in thoſe perſons who are ſubject to that diſorder. By all theſe concurring obſervations the diſeaſe may be ſo fully aſcertained, that notwithſtanding it is the moſt various and irregular in its appearances, of all other complaints, yet its grand and inſeparable characteriſtics can admit of no concealment or diſguiſe.

This diſeaſe, when not exceeding violent, ſeldom proves fatal, but it is, for the moſt part, extremely obſtinate and difficult to cure. For when apparently vanquiſhed, the ſlighteſt accident will often renew it; and it is ſcarcely ever eradicated in patients who are old and of a bad conſtitution. But though in its milder degrees it is not dangerous in itſelf, yet a long continuance, or frequent return of the paroxyſms are highly injurious to the animal œconomy, laying the foundation of incurable obſtructions in the bowels, a dropſy, aſthma, hectic

hectic fever, *&c.* If it proceeds from a ſuppreſſion of the menſtrual or hæmorrhoidal diſcharges, the return of thoſe evacuations is found to remove it. A murmuring noiſe in the belly, and a humidity of the *pudendum*, are the uſual ſigns of an approaching termination of the paroxyſm.

In treating of the cure of the hyſteric paſſion, as being a periodical diſeaſe, it is neceſſary to conſider the ſubject in two diſtinct views, namely, that of the paroxyſms, and that of the intervals betwixt them, or the temporary and radical cure. Phyſicians have univerſally agreed in the proper method of attaining the latter, but their opinions, in reſpect to the former, have been different and even totally oppoſite to each other. The principal object of diſpute is the expediency of bleeding, when the paroxyſm is violent. It is urged in condemnation of that practice, that, as the remote cauſes which produce

the hyſteric diſeaſe, are ſuch as weaken the conſtitution, an evacuation, which tends manifeſtly to increaſe that debility, ought never to be admitted upon the principles of rational indication: for that it would be highly abſurd to expect even any temporary advantage from ſuch a method of cure, as, if conſidered in a prophylactic relation to the diſeaſe, we muſt allow to be extremely deleterious. In anſwer to this argument, it is inſiſted upon by the advocates for phlebotomy, that though bleeding, in certain circumſtances, has a natural tendency to diminiſh the ſtrength of the conſtitution, yet in general, ſuch an effect of that evacuation is not uniform, but relative; and that in a violent paroxyſm of the hyſteric paſſion, when the circulation of the blood is either much obſtructed, or tumultuouſly agitated, by ſpaſms and convulſions, it is infinitely preferable to adopt an expedient which may obviate ſuch imminent danger, rather than,

from

from the apprehenſion of more diſtant and precarious conſequences, timidly to abandon the patient to the hazard of inſtantaneous deſtruction. That in all caſes where oppoſite indications take place, that which is the moſt important and indiſpenſible ought ever to attract our chief attention; and that it would be vain to look forward with caution to uncertain contingencies, if we ſhould be deaf to the inviolable ſuggeſtions of extreme neceſſity.

Such are the arguments made uſe of for and againſt the practice of bleeding. To conſider the queſtion in the light of theory only, and on which of the ſides the determination might be moſt generally beneficial, it would perhaps be prudent to ſuſpend our judgement: but if we conduct our deliberations with an attentive regard to the conſtitution of individuals, there is ſcarce a ſpeculative point in phyſic which may be determined with leſs heſitation.

Unhappily

Unhappily for medical ſcience, phyſicians, in forming opinions from their practical obſervations, have too often contracted prejudices, and drawn general concluſions from too few, uneſtabliſhed, and accidental facts. Hence various and oppoſite precepts have ariſen in the practice of phyſic, and men miſtaking, in ſome inſtances, the caſual and uncertain events of diſeaſes for the immediate effects either of the omiſſion or application of a particular remedy, have univerſally recommended, or condemned, the uſe of it, though it can only be hurtful or advantageous in particular circumſtances. On ſuch principles as theſe has the practice of bleeding been traduced, as injurious, by ſome phyſicians, in every hyſteric paroxyſm. But whoever conſiders the great commotions into which the whole animal œconomy is thrown in a violent fit of that diſorder, will be ſatisfied of the expediency of ſuch an evacuation, where the patient is plethoric, or

there

there is a ſtoppage of any natural diſcharge. In a common difficulty of breathing, when the lungs are much infarcted, we are often under an abſolute neceſſity of letting blood, to facilitate reſpiration; and how much more ſtrongly muſt that diſcharge be indicated, when not only the free circulation of the blood is obſtructed by a ſpaſmodic conſtriction of the pulmonary veſicles, but alſo the fluids are almoſt totally accumulated in the internal parts, by reaſon of the univerſal ſpaſm and coldneſs of the ſurface and extremities of the body? In ſo urgent a ſituation, to withhold the lancet for a moment, might prove the irreparable deſtruction of the patient. Wherever, therefore, the convulſive motions are violent, and the perſon of a plethoric conſtitution, the operation of bleeding ought to be performed without the ſmalleſt delay. For unqueſtionable experience authorizes us to expect, from that reſource, a ſpeedier and more favourable termination of the paroxyſm.

paroxyſm. In dangerous diſeaſes we are allowed to try a doubtful remedy rather than none; and though the moſt rational methods of cure may ſometimes prove unſucceſsful, it is more juſtifiable in the phyſician, to follow boldly the moſt urgent indications, than to ſacrifice his judgement to the fear of an injurious ſuſpicion, that he had deſtroyed by temerity a life which he could not preſerve.

In every hyſteric paroxyſm, fœtid medicines, and volatile ſalts, ought to be immediately applied to the noſtrils, either in a liquid or ſolid form. The bruiſed leaves of rue, tanſy, or penny-royal, may be uſed for this purpoſe. The ſmoke of burning feathers, or that of amber, received into the noſe, is alſo highly beneficial; as is likewiſe a ball compoſed of equal parts of aſſa fœtida, caſtor, and ſagapenum, uſed in the ſame manner. Medicines of this kind, making a ſtrong impreſſion

impreſſion on the pituitary membrane by their ſtimulating quality, ſerve to excite the languid ſpirits, and counteract the ſympathetic affections of the nervous ſyſtem: and at the ſame time that they operate ſuddenly, they can be applied in all the various circumſtances which occur; an advantage from which, in this diſeaſe in particular, we are often precluded, in adminiſtering remedies internally, either from a ſpaſmodic conſtriction of the organs of deglutition, or the inſenſible ſtate of the patient. The ſame purpoſe is anſwered by anointing the temples, as well as the noſtrils, with ſpiritous and nervine applications, ſuch as the oils of amber, and caſtor, and ſpirit of harts-horn.

Such are the methods of cure which ought to be adopted in the paroxyſm, when the patient is rendered incapable of taking medicines by the mouth. But if the diſorder has not yet arrived at ſuch a

height, we ought immediately to administer hysteric medicines internally.

The medicines most proper in the hysteric paroxysm may be divided into two kinds, namely, such as by their peculiar stimulus not only render the nerves less sensible of irritation, but also afford them some degree of temporary firmness and strength; and such as diminish, during the time of their operation, the sentient power of the nerves, and thereby allay the spasms and convulsive motions which proceed from any irritating cause. Of the first kind are musk, castor, camphire, and the fœtid gums. In such hysteric complaints, however, as are attended with a quick pulse, and a feverish heat, these medicines ought to be administered sparingly, on account of their heating quality; as being much better suited to the cases where the pulse is weak and slow. But even in circumstances where they are proper,

per, they are not all obſerved to be equally ſucceſsful: for ſometimes one, and ſometimes another, will be found moſt advantageous, according to the diſpoſition of the nerves of the ſtomach at the time, which is ſo peculiar in ſome caſes, that a table ſpoonful of the juice of lemons alone has repeatedly aſſuaged a palpitation of the heart, after many of the medicines, denominated antihyſteric, had been preſcribed without effect. Upon the ſame principle we are informed by Riverius, that a draught, or a clyſter of vinegar and water, has frequently given relief in an hyſteric paroxyſm.

Among the ſecond claſs of medicines above mentioned, opium is the principal, which is not only highly uſeful in fixed ſpaſms, but alſo in alternate contractions, and is adapted to the palliative cure of all hyſteric ſymptoms, from whatever different cauſes they proceed. It is moſt advan-

tageous, however, in thoſe hyſteric complaints which are chiefly the conſequence of an extraordinary delicacy of the nervous ſyſtem. But even in ſuch caſes it ought not to be too liberally uſed, or too long continued, as it impairs the ſtrength of the body; and it ought ſeldom to be adminiſtered to patients who are low ſpirited: for though it may afford them a temporary relief from their complaints, yet afterwards they generally become more depreſſed than before.

If the patient be in any degree plethoric, bleeding, or ſome other evacuation, ought always to precede a more free exhibition of opium; as it not only facilitates its good effects, and renders them more evident, but likewiſe greatly prevents any bad conſequences which might otherwiſe reſult from a liberal uſe of that remedy. It generally happens that a continued uſe of opium renders the patient too coſtive; in which

which caſe an aloetic pill, a ſpoonful of *tinctura ſacra*, or ſome other gentle purgative, ſhould be taken occaſionally.

Beſides the medicines properly termed antihyſteric, which are to be uſed indiſcriminately in all hyſteric complaints, other remedies ought alſo to be employed, adapted to the particular cauſe of the paroxyſm, and which therefore muſt often be entirely different from each other. On this account, it will be proper to take a ſhort view of the more particular methods of cure, the choice of which muſt depend upon our knowledge of the occaſional cauſes that have been already enumerated.

When hyſteric complaints are owing to a diminution or ſuppreſſion of ſome accuſtomed evacuation, that diſcharge ought to be promoted or recalled by ſuch methods of cure as are adapted to the

particular cauſes from whence the obſtruction may proceed. But when in women advanced in life ſuch ſymptoms firſt appear on the total ceſſation of the *menſes*, they are generally either palliated, or removed, by frequent ſmall bleedings, gentle ſtomachic purges, and iſſues.

If inanition be the cauſe of hyſteric complaints, as often happens after an immoderate flux of the *menſes* or *lochia*, the cure, upon reſtraining theſe evacuations, conſiſts in repleniſhing the veſſels with wholeſome and nouriſhing aliments of eaſy digeſtion. The violence of the ſymptoms ought in the mean time to be abated by anodynes, wine, or other cordial medicines, and an horizontal poſture be adviſed.

In hyſteric diſorders, proceeding from any acrid matter in the blood, gentle laxatives and ſtomachic medicines are the moſt approved remedies.

When

When wind in the ſtomach is the cauſe of the complaint, nothing is more immediately efficacious than the *ſpiritus æthereus*, and laudanum. A tea ſpoonful of the former may be given with two table ſpoonfuls of water; and the latter in a mixture with pepper-mint water, and tincture of caſtor, or *ſpiritus nitri dulcis*: or, inſtead of theſe, opium may be preſcribed in pills with aſſa fœtida. The ſalutary effect of opiate medicines above thoſe which are commonly called carminative, in diſpelling wind, are evident from this circumſtance, that whereas carminatives ſeldom afford immediate relief, unleſs when the wind is in the ſtomach, opiates are equally ſucceſsful whether the flatulence be in the ſtomach or inteſtines. But when the ſituation of flatulent patients renders it improper to adminiſter warm medicines internally, a plaſter, made of equal parts of *emplaſtrum antihyſtericum* and *ſtomachicum*, may be applied to the

ſtomach or belly with advantage; or four or five tea ſpoonfuls of the following liniment may be well rubbed on theſe parts at bed-time.

℞ Balſam. anodyn. batean. unc. unam.
Ol. mac. per expreſs. ſemunciam.
Menth. drachmas duas. miſce.

Great benefit has alſo been experienced, in flatulent complaints of the ſtomach and bowels, from frequently rubbing the legs with a fleſh bruſh.

If the cauſe of hyſteric ſymptoms be phlegm infeſting the ſtomach, a vomit is the ſpeedieſt remedy; along with which ſhould be drank an infuſion of horſe raddiſh; or a little brandy, or powder of muſtard, may be added to each draught of the warm water, both to attenuate the phlegm, and ſtrengthen the ſtomach to diſcharge it. When along with phlegm there appears to be a conſiderable degree of

of acidity in the ſtomach, half a ſcruple of any fixed alcaline ſalt, or a larger doſe of abſorbent powder, may be given twice a day.

When worms in the ſtomach and inteſtines excite hyſteric diſorders, anthelmintic medicines ſhould be adminiſtered along with other palliative remedies.

When obſtructions in the abdominal *viſcera* are the occaſional cauſe of the hyſteric diſeaſe, we can only palliate the moſt troubleſome ſymptoms till theſe are reſolved. In general, however, it is difficult to aſcertain the exiſtence of ſuch obſtructions unleſs when the tumours can be felt, which is but ſeldom the caſe. But if want of appetite, indigeſtion, flatulence, vomiting, and pains of the belly have continued long, without any great intermiſſion, and inſtead of abating by the uſe of medicines, become worſe, eſpecially

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in women whoſe *menſes* have left them, there is reaſon to ſuſpect ſome fixed obſtruction in the bowels, more eſpecially if the patient has a quick pulſe, without any conſiderable heat or thirſt.

In conſiderable obſtructions of the *viſcera*, if the perſon be of a full habit of body, bleeding ought to be premiſed before the uſe of deobſtruent medicines; as, by leſſening the quantity of fluids, it not only tends to diminiſh the obſtruction, but alſo to facilitate the operation of reſolving remedies. The beſt medicines in this caſe are the *tartarus ſolubilis*, ſal polychreſt, mercury, and ſoap. Theſe, however, are chiefly uſeful in ſuch obſtructions as have their ſeat in the follicles of the glands, or in the ſmall veſſels themſelves: for little or no effect can be expected from them, when the obſtructing matter is accumulated in the ſpaces of the *tela celluloſa*.

In

In the early ſtage of indolent obſtructions in the abdominal *viſcera*, frequent gentle vomits, and purges, are highly advantageous. But when obſtructions of the ſtomach are become irreſolvable, vomits, eſpecially of the more draſtic kind, muſt be extremely improper; as the violent contractions which they excite may inflame the obſtructed part, or even burſt ſome of the contiguous veſſels. In ſuch a ſituation, therefore, all hot and acrid nervous medicines muſt be likewiſe injurious.

In obſtructions of the indolent kind, which are not deeply ſeated, ſcarce any thing is more remarkably beneficial than long continued friction. For at the ſame time that it promotes the circulation thro' the ſmall veſſels, it tends to attenuate the impacted matter, and increaſe its diſcharge by abſorption.

Among

Among topical remedies, warm fomentations are of great advantage, both as they relax the veſſels, and attenuate the obſtructing matter. They ought to be applied daily morning and evening for near two hours at a time; taking care that they are not made ſo hot as to render the ſkin too tender, which would otherwiſe be the conſequence of long continued fomentation. The moſt commodious manner of applying them is to uſe flannel cloths, either wrung out of warm water alone, or what is preferable, a warm decoction of wormwood and camomile flowers, or the tops of hemlock, with the addition of a little vinegar.

In obſtructions of the *viſcera*, the uſe of whey, eſpecially that of goats, is extremely ſerviceable. The diet ought to be light, not flatulent, and the drink, which ſhould conſiſt either of water alone, or mixed with ſome Rheniſh wine, ſhould be uſed rather

rather tepid than cold. Riding on horſe-back is alſo highly beneficial, eſpecially in beginning obſtructions.

When hyſteric diſorders proceed from violent paſſions of the mind, they ſcarce admit of palliation by any phyſical remedy, till the cauſe which produced them is abated.

Some women, whoſe nerves are extremely delicate, are ſo much affected with the *effluvia* of certain ſubſtances as to be thrown into fainting and convulſions. In ſuch caſes, the ſmelling to fœtid medicines only will uſually give immediate relief.

Having now taken a ſhort view of the remedies which are adapted to the particular occaſional cauſes of hyſteric complaints, we ſhall, in the next place, conſider the ſeveral auxiliary expedients, which have been indiſcriminately recommended

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in the cure of the paroxyſm from whatever particular cauſe it may ariſe.

Vomiting with ſoluble ſtibiated tartar, diſſolved in the water of *carduus benedictus*, and taken glaſs by glaſs, as mineral waters, has alſo been recommended in the fit, to excite a concuſſion. But ſuch a method of cure appears the leſs adviſeable, on account of the exceſſive ſenſibility of hyſterical conſtitutions, which renders them liable to great irritation from the ſlighteſt cauſes: beſides that, by the action of vomiting, a greater quantity of blood is carried to the head, which, in the hyſteric paroxyſm, is generally too much loaded; though when the fit is excited by any foulneſs or acrid humours in the ſtomach, an emetic is the moſt proper remedy.

It is not an uncommon practice among women, to put ſome muſk or civet into the vagina, to promote a diſcharge of lymphatic

lymphatic humour, with which the fit is ſometimes obſerved to terminate. But ſuch local applications cannot be ſuppoſed to have any effect, unleſs in particular circumſtances, though the argument of moral evil, which has been objected againſt that practice by its tendency to excite pollutions, ſeems to have too little foundation in rational principles to merit our attention. Perhaps the worſt conſequence attending ſuch applications may be that they tend to excite the *fluor albus*.

An uſual expedient formerly in the cure of the hyſteric fit was, to apply ligatures about the limbs, from an erroneous notion that they prevented a ſuppoſed malignant humour from aſcending from the lower extremities to the head, which was imagined to be the cauſe of the diſeaſe. But the effect of ſuch a practice muſt have been as pernicious as the opinion on which it was founded was abſurd. For nothing, certainly,

certainly, could be more oppoſite to the indications of the diſeaſe, than to interrupt by ligatures the free circulation of the blood, which was already either totally ſuſpended, or rendered extremely irregular by the ſpaſms. However, though the method of binding the limbs by ligatures muſt be highly prejudicial, the practice of keeping them extended, during a violent paroxyſm, may prevent many accidents which might ariſe from the convulſive diſtortions.

A broad bandage, rolled round the belly, has likewiſe been recommended as beneficial, probably upon the ſame principle with the ligatures. Such an application, indeed, may be liable to leſs objections than thoſe laſt mentioned, unleſs it is drawn too tight, in which caſe it muſt undoubtedly prove a great impediment to reſpiration.

When

When the paroxyſm has ceaſed, our next endeavour is, to prevent its return, which can only be effected by correcting the prediſpoſing, and guarding againſt the occaſional cauſes.

We have obſerved above, that the grand prediſpoſing cauſe of hyſteric diſorders is too great a ſenſibility of the nerves, whether it be diffuſed through the whole conſtitution, or moſt predominant in ſome particular part. The diminution of that ſenſibility, therefore, muſt be the principal intention in proſecuting a radical cure; and according as ſuch a ſenſibility is either natural to the conſtitution, or only induced by ſome diſeaſe, or irregularity in living, ſo the cure, in proportion, will be more or leſs eaſy and ſucceſsful.

For diminiſhing the ſenſibility of the nerves there are two claſſes of remedies; one of which operates, by ſtrengthening

not only the ſtomach and bowels, but the whole body; and the other, by a peculiar ſedative action on the extremities of the nerves to which they are applied, thereby producing a temporary ſuſpenſion of their diſorders.

Among the firſt claſs of theſe remedies, may be reckoned all bitters, ſuch as *radix gentian. ſummitat. centaur. min.* and *cortex aurantior.* which may be infuſed in any of the ſtronger white wines, brandy, or boiling water, and preferably in either of the two latter, if the patient be ſubject to acidities in the firſt paſſages. The watery infuſion may be rendered more agreeable to the ſtomach, by adding to each pint of it two or three ounces of the *aqua cinnamon. fort.* or any other cordial. The doſe and ſtrength of theſe infuſions ought to be adapted to the conſtitution and particular circumſtances of the patient; and if they prove too heating, they ſhould be diluted

with water, or taken along with ſome drops of elixir of vitriol. It is ſometimes however obſerved, that even moderate and agreeable bitters lye heavy on ſtomachs which are very weak, in which caſe they ought to be omitted, and other ſtrengthening remedies made uſe of.

One of the moſt celebrated medicines for that intention, is the Peruvian bark, which is alſo leſs heating than the bitters. Like theſe, however, it frequently diſagrees with delicate ſtomachs, occaſioning ſickneſs, gripes, and ſometimes a looſeneſs. In decoction, or a watery infuſion, it is leſs apt to produce theſe effects, than when taken in ſubſtance, eſpecially if ſome grateful aromatic be added to them; and when infuſed in brandy, with a ſmall portion of bitters or aromatics, it will ſeldom be found to diſagree with the moſt delicate patients. When the bark is taken in ſubſtance, it not only ſits eaſier on the

ſtomach, but ſeems alſo to prove more effectual, if a glaſs of red port be taken after every doſe of it; and the gripes and purging, which it ſometimes occaſions at firſt, may be prevented, by giving along with it, for a few days, a moderate quantity of the *confectio Iaponica*. Dr. Whyte informs us, that in the caſe of weak and windy ſtomachs, attended with a general delicacy or debility of the nervous ſyſtem, he has often preſcribed the bark and bitters in the following form, with great ſucceſs.

℞ Cort. Peruv. pulveriſat. uncias quatuor.
Rad. gentian.
Cort. aurantior. ana ſeſcunciam. miſce.
Infunde in ſpiritus vini Gallici libris quatuor, in Balneo arenæ per dies ſex, et cola.

Of

Of this tincture he generally gave one table ſpoonful, with four or five ſpoonfuls of water, every morning, an hour and a half before breakfaſt, and between ſeven and eight in the evening. He ſometimes added to each pound of this tincture, an ounce or more of the *ſp. lavend. comp.* which improves its taſte, and makes it ſit better on ſome ſtomachs. He has taken it himſelf in the morning, for eight months together, with remarkable advantage; having, for three or four years before, been much troubled with wind in his ſtomach, a giddineſs, and ſometimes a faintneſs. He felt, in the morning, ſoon after taking this medicine, a grateful ſenſation in his ſtomach, accompanied with better ſpirits than he had at any time through the day, or than he ever found from drinking wine, even when he uſed it freely. He ordered this tincture to many patients, who have taken it for two or three months ſucceſſively, and after intermitting it for ſome

time, have begun it again. Moſt of them found benefit, and thoſe moſt who uſed it longeſt.

When acids do not diſagree, twenty or thirty drops of the elixir of vitriol may ſometimes be taken with advantage in each doſe of the above tincture. This elixir, taken twice a day, in the above or a larger doſe, in ſpring water alone, has frequently good effects in ſtrengthening the ſtomach, and reſtoring a decayed appetite, when the ſtomach complaints are attended with any degree of febrile heat, thirſt, and a white tongue.

Notwithſtanding the bark, as a ſtrengthener, is far more powerful than any of the bitters, yet when joined with ſome agreeable medicine of that claſs, it is found to ſit much eaſier on the ſtomach, and greater benefit has been experienced from the above tincture, than from the bark alone, either in ſubſtance or decoction.

Many

Many prejudices have been entertained againſt a long continued uſe of the bark, as tending to produce obſtructions in the bowels; but a more certain experience of its effects has now vindicated it from that imputation, and even in indolent glandular ſwellings I have known it to be adminiſtered, not only with ſafety but advantage.

Few medicines poſſeſs a ſtrengthening quality in a degree ſuperior to ſteel and its preparations, the beneficial effects of which, in curing relaxations, not only of the ſtomach and bowels, but of the whole body, are deſervedly celebrated by all phyſicians. The filings, the ſalt, Mynſicht's tincture, and the chalybeate wine, are the forms moſt commonly made uſe of. The quantity in which the filings may be taken, varies greatly in different conſtitutions. From five to fifteen or twenty grains, is that which is moſt uſually pre-

ſcribed. This laſt quantity will heat many people, though ſome can bear a much larger doſe: for their action will be various and indeterminate according as they are finer or coarſer, and according to the quantity of an acid in the ſtomach and bowels. In people of delicate conſtitutions, the filings of iron ſometimes occaſion a diſorder in the firſt paſſages; in which caſe a few drops of laudanum, or what will have a better effect, fifteen grains or a ſcruple of theriac may be taken along with them at bed-time. Thoſe whom the filings diſagree with, will often bear Mynſicht's tincture, the chalybeate wine, and pyrmont, or other ſteel waters of a weaker nature. Either of theſe, or the *mars ſaccharatus*, may be taken at the ſame time with the tincture of the bark and bitters above mentioned; but ſome adviſe the uſe of chalybeates only at thoſe times when the patients intermit the bitters.

Beſides

Beſides iron and the ſeveral preparations of it, chalybeate waters have remarkable effects in ſtrengthening the body. Thoſe of Bath in Somerſetſhire, particularly, have reſtored many to health, who were affected with low ſpirits, and other nervous and hyſteric complaints, proceeding from a weakneſs of the ſtomach and bowels.

However great the efficacy of the bark, bitters, and ſteel, is, in correcting too great a ſenſibility of the nervous ſyſtem, no remarkable or permanent benefit can be expected from a ſhort and temporary uſe of them: for fixed and inveterate diſeaſes require a long application of remedies. It may often, therefore, be neceſſary to continue the medicinal courſe for many months together, and perhaps not wholly to interrupt it for years; intermitting only a week or two occaſionally, leſt the medicines ſhould become too habitual to the conſtitution,

conſtitution, and thereby fail of their intended effect. With this precaution, it may be moſt proper to take the bark and bitters chiefly in the winter and ſpring ſeaſons, and in ſummer, to drink either ſome of the chalybeate waters at the wells, or a gill or more of the Pyrmont or Hartfell Spaw thrice a day on an empty ſtomach.

No remedy whatever invigorates the body, and braces the nervous ſyſtem more remarkably than cold bathing, which ſeems not only to act immediately on the cutaneous nerves and veſſels, but to communicate its influence by ſympathy to the inmoſt receſſes of the body. The uſe of the cold bath, like that of the remedies above mentioned, ought to be long perſiſted in; and the warm or temperate ſeaſons, as the ſpring, ſummer, and autumn, are the moſt proper for it. People of a plump habit of body may uſe it daily; but as its tendency

tendency is to extenuate, it may be ſufficient for thoſe who are thin, to go into it three or four times a week. When the *viſcera* are much obſtructed, or unſound, the cold bath would be extremely improper; as by driving the blood with greater violence towards theſe parts, the patient's complaints might be increaſed.

Though bitters, the bark, elixir of vitriol, chalybeates, and cold bathing, have been ſeverally recommended, as the moſt effectual ſtrengtheners of a weak and delicate nervous ſyſtem, it is not to be underſtood, that the whole of them are to be uſed, eſpecially at once, by the ſame patient. In ſome caſes, the tincture of the bark, with ſome bitters, will be ſufficient. In others, ſteel in ſubſtance, and the chalybeate waters, are more beneficial; whilſt ſometimes cold bathing may ſucceed, or at leaſt make the cure more compleat, after internal ſtrengtheners have

have in a good meaſure failed of their purpoſe. It may be obſerved, in general, that when hyſteric complaints, ariſing principally from a weakneſs of the nervous ſyſtem, are attended with a florid complexion, a quick pulſe, and a preternatural heat, bitters and ſteel are improper; but an infuſion of the bark in cold water, with elixir of vitriol, will frequently be of advantage. In cachectic habits, however, where the blood is poor, and the circulation languid, a compoſition of bitters and bark may be uſed, either conjunctly or alternately with chalybeate medicines.

Of all diſeaſes, the hyſteric requires the ſtricteſt attention to the non-naturals, without a proper regulation of which the cure can never be effected: for in ſo delicate a ſtate of the nerves, the ſmalleſt irregularities are hurtful.

As nothing tends more to relax the body than warm and moiſt air, that which is cool and dry is the moſt proper for hyſterical patients; ſuch a ſtate of the atmoſphere being always found ſenſibly to brace and invigorate the conſtitution. In very cold weather, however, when the ſtomach and bowels are weak, a thin flannel waiſtcoat ſhould be wore next the ſkin, which will not only ſupport the perſpiration that would otherwiſe be diminiſhed, but alſo guard the digeſtive organs from many injurious impreſſions, to which they might be expoſed in the winter.

The food ought to be nouriſhing, of eaſy digeſtion, and moderate in quantity. Fat meats and buttery ſauces are hurtful. Heavy ſuppers ought principally to be avoided, as the ſtomach is more apt to be oppreſſed in a recumbent than in an erect poſture,

poſture, and as digeſtion is performed more ſlowly in ſleep than when we are awake.

The beſt drink is water alone, or with a little wine: but when there is any acidity in the ſtomach and bowels, water, mixed with a ſmall proportion of rum or brandy, is preferable. The flatulence of malt liquors in general renders them hurtful, though many have drank *porter* with advantage.

A few glaſſes of wine, at or after each meal, may be of ſervice, but more will oppreſs the ſtomach and retard digeſtion. Dr. Whyte is of opinion, that the beſt time to drink a little wine is upon an empty ſtomach: for the liquor being then leſs diluted, and more readily applied to the nerves, muſt have a more powerful influence

influence in ſtrengthening them. He ſays that, when his own ſtomach has been weak, and after having been indiſpoſed, he had hot palms, was languid, and apt to ſweat upon motion, he has often found himſelf much better for a glaſs of claret, and a bit of bread, an hour or more before dinner. The wine cooled him, made his pulſe flower, and gave him more ſpirits and ſtrength. This obſervation, as he remarks, is greatly conformable to that precept of Celſus, *Si quis vero ſtomacho laborat, non aquam, ſed vinum calidum, libere jejunus debet.*

Tea ought certainly to be avoided by all hyſterical perſons, on account of its relaxing quality, ſince the free uſe of it is found, by unqueſtionable experience, to excite many nervous ſymptoms.

With whatever care and diligence the uſe of ſtrengthening remedies is perſiſted in,

in, they will often prove ineffectual without the assistance of exercise, which is of the greatest advantage in bracing the nervous system. Riding on horse-back is deservedly preferred to all other kinds, as affording the briskest motion, and the least fatigue. It not only strengthens the whole body, as well as the bowels, but also greatly promotes nutrition. It ought always, however, to be used when the stomach is most empty; for after a full meal it retards digestion, and renders it uneasy and flatulent.

Sailing, also, has been recommended by Dr. Gilchrist of Dumfries, as a kind of exercise well adapted to the cure of nervous complaints, arising from a weak state of the blood and alimentary canal, and he has given some instances of its good effects.

Frictions,

Frictions, which have already been recommended in the cure of the paroxyſm, are likewiſe of advantage as a prophylactic remedy; and if uſed not only on the extremities, but on the trunk of the body, and eſpecially the abdomen, are particularly beneficial when the bowels are weak.

The ſleep ought to be moderate, and neither begun at a very late hour, nor protracted too long in the morning: for indulging reſt too long in bed tends to weaken and relax the body, while on the contrary, it is much invigorated by the practice of riſing early.

Nothing is of greater advantage in the cure of an hyſterical diſpoſition, than tranquillity and chearfulneſs of mind. Fear, grief, and anxiety, ought by all means to be avoided, as being particu-

larly injurious to the nervous ſyſtem. Even ſerious contemplation ſhould not be too much indulged, but the mind be daily entertained with amuſements and agreeable company.

CHAP.

CHAP. VI.

Of the FUROR UTERINUS.

THIS diſeaſe ſo rarely occurs in practice, that ſome authors have been led to queſtion its reality, and the rather as no mention is made of it by Hippocrates or other antient phyſicians; who having made their obſervations in the warmer climates, where the diſeaſe is moſt frequent, would not, it is alledged, have entirely overlooked it, had they known it ever to exiſt. But it appears from the works of Aëtius, that it was expreſly treated of by Soranus a Greek phyſician, who lived in the reign of Trajan; and from the evidence of other writers in favour of its reality, there is reaſon at leaſt for admitting a general account of it among the diſeaſes of women.

By the *furor uterinus*, is underſtood ſuch a morbid diſpoſition of the genital parts in women as ſtrongly inclines them to venery, and is attended with a melancholy or *mania*.

The proximate cauſes of this diſeaſe are a ſharpneſs of the humours ſeparated from the excretory ducts of the clitoris, vagina, and uterus, and too great a turgency of theſe parts: and the occaſional cauſes are all ſuch as increaſe the acrimony of the humours, or derive them in greater quantity to the genital organs. Among theſe the principal are a plentiful diet, and too free an indulgence in luxurious and high ſeaſoned diſhes; obſtructions of the *menſes*, cantharides, an immoderate uſe of the warmer emmenagogues, ſtimulating applications to the parts, and thinking on venereal ſubjects.

At firſt, the woman appears ſad and ſilent, and ſeems to bluſh, as if from a conſciouſneſs of the depravity of her own inclinations. Her pulſe may be obſerved to fluctuate at mentioning any thing which relates to venereal gratifications. The diſeaſe continuing to increaſe, a *mania* at length ſupervenes; when the patient burſts into fits of laughing or crying, and being now become utterly inſenſible to the reſtraints of modeſty, openly ſolicits to her embraces.

In the beginning of the *furor uterinus*, it may be diſtinguiſhed from melancholy, by that pleaſure which the perſon appears to enjoy in laſcivious converſation; and in the more advanced ſtage, it is ſo ſtrongly marked that its character can ſcarcely be miſtaken.

The ſymptom which affords the moſt favourable prognoſtic in this diſeaſe, is an

abatement of the diſpoſition to be affected with venereal ſubjects.

The intentions of cure are, to diminiſh the turgency of the genital parts, and allay the ſharpneſs of the humours.

To anſwer theſe purpoſes, bleeding is proper, eſpecially where the menſtrual evacuation is ſuppreſſed; and it ought not only to be performed plentifully, but even repeated, if occaſion requires. Lenient purgatives, and ſoftening clyſters, ſhould alſo be preſcribed, together with cooling fomentations, and mild injections into the uterus, to allay the heat and tenſion of the parts. Opiates, and nitre, with emulſions of the cold ſeeds and gum arabic, are the moſt ſucceſsful medicines.

The diet ought to be cooling and ſlender, and conſiſt chiefly of vegetable food.

The

The moſt ſuitable drink is the juice of lemons, with water and ſugar. During the whole of the cure, the patient ſhould be kept as cool as poſſible, her exerciſe ſhould be moderate, and her mind diverted from indulging laſcivious ideas.

CHAP. VII.

Of an Inflammation of the UTERUS *and* VAGINA.

AN inflammation of the *uterus* and *vagina*, like that of any other part of the body, may be occaſioned by whatever obſtructs the circulation of the blood. The cauſes, however, which here operate moſt frequenty, are a catching of cold during the time of the menſtrual diſcharge, injuries received in delivery, the retention of the *lochia*, or preſſure of the *fœtus*. It may alſo be occaſioned by the internal uſe of cantharides, irritating peſſaries, or other too ſtimulating applications.

When an inflammation exiſts in the *vagina*, it may be aſcertained by the redneſs of the part; but if in the *uterus*, it muſt

muſt be diſcovered by other ſymptoms. Heat and pain, with a tenſion of the part affected, and its reſiſtance to the touch, are thoſe by which it may be diſtinguiſhed, in common with all inflammations. But though theſe are the moſt eſſential characteriſtics of the diſeaſe, the great ſenſibility of the uterus, and its intimate connexion with other parts, occaſion an inflammation of it to be attended with a variety of concomitant ſymptoms; ſuch as a ſuppreſſion of the *menſes*, when the diſorder happens at the natural period of that evacuation, or of the *lochia*, when it ſeizes women in child-bed; heat and ſuppreſſion of urine, difficulty of reſpiration, coſtiveneſs, or pain in going to ſtool, heavineſs, heart-burn, vomiting, hiccup, pain of the head, eſpecially under the eyes, alſo in the groins, loins, and thighs, lowneſs and inequality of the pulſe, a fever, watching, delirium, and

and coldneſs of the extremities. If the inflammation proceeds from an obſtruction of the *menſes*, a fœtid ichor is generally diſcharged from the part; if from a ſuppreſſion of the *lochia*, the ſymptoms are commonly more violent, and there is a tumour of the whole abdomen.

Inflammations of the vagina are leſs dangerous than thoſe of the uterus, in the latter of which, if they have been produced by any injuries of the part, and are not ſpeedily remedied, they often terminate in an obſtinate ſchirrous tumor, if not in death itſelf.

The method of cure, in inflammations of the uterus or vagina, is entirely the ſame with that in other parts of the body. Bleeding is, therefore, the firſt and principal reſource, which ought not only to be performed in a pretty large quantity at once,

once, but repeated quickly, if occaſion requires. Nor ought we here to be deterred by the ſmallneſs of the pulſe, and the coldneſs of the extremities, which are uſual ſymptoms in the diſeaſe, if an evacuation of blood be otherwiſe ſtrongly indicated. In the mean time, however, the uſe of ſome mild cordial, with a gentle anodyne, may be preſcribed, in order to ſupport the *vis vitæ*, and abate the acuteneſs of the pain, which is the cauſe of the moſt violent ſymptoms. The following julep is calculated for this purpoſe.

℞ Aq. cinnamom. ten. uncias ſex.
Sp. lavendul. comp. drachmas tres.
Laudani drachmam unam.
Syr. diacod. unciam unam. miſce.
Capiat ægra cochlear. duo quarta quaque hora, urgente dolore aut vigilia.

Antiphlogiſtic

Antiphlogiſtic and relaxing medicines ought alſo to be frequently taken; ſuch as nitre and camphire, oily draughts, and cooling emulſions. Cooling and anodyne clyſters are likewiſe to be given; and flannels, wrung out of ſoftening and diſcutient fomentations, ſhould be applied warm to the abdomen, and frequently renewed. If the inflammation exiſts in the vagina, injections of the ſame nature, or reſolving liniments, may be applied; the former of which may alſo be adminiſtered in inflammations of the uterus, if there is room to expect that they may be introduced to the ſeat of the diſeaſe: and if the inflammation has been originally owing to the ſtoppage of the *lochia*, that evacuation ought to be recalled.

During the courſe of theſe inflammations, the patient ought to drink freely of diluting liquors; as barley water, linſeed tea, emulſions, *&c.* The diet

ſhould

ſhould be thin and ſlender, conſiſting of weak broths, gruel, panada, and the like; while the ſick is alſo to be confined to bed, and kept from all diſturbance as much as poſſible.

CHAP.

CHAP. VIII.

Of ſchirrous Tumors in the UTERUS.

A Schirrus is a diſorder to which the uterus is frequently ſubject, and is defined to be a hard tumor, gradually formed by congeſtion, of which the proximate cauſe is too great a viſcidity of the lymph.

Schirrous tumors are diſtinguiſhed into two kinds, namely into thoſe which yield a little to preſſure, and are capable of painful ſenſations, and into thoſe which are more hard and inſenſible. The former of theſe is termed the imperfect or baſtard ſchirrus, and the latter the perfect or legitimate.

It is ſo exceedingly difficult to diſcover a ſchirrus in the uterus at its firſt formation,

tion, that it is uſually far advanced before there are any ſigns of its exiſtence. But as the tumor increaſes in bulk, the patient becomes ſenſible of a weight in the region of the womb, which ſeems as if it were falling into the *pudendum*, eſpecially when the perſon ſtands upright. The tumefaction may then alſo be aſcertained by laying the hand over the part, and feeling the hardneſs and reſiſtance. It is ſometimes neceſſary, however, for farther ſatisfaction, to introduce the finger through the vagina to the uterus, if poſſible, and examine the ſtate of that organ.

Notwithſtanding theſe ſeveral ſigns by which the exiſtence of a ſchirrus in the uterus may generally be diſcovered, it has ſometimes been confounded with other tumefactions of that part; ſuch as a mole, conception, or dropſy; but ſtill there are certain circumſtances which, if carefully attended

attended to, may be ſufficient to mark the diverſity.

A ſchirrus may be diſtinguiſhed from a mole, becauſe in the latter, the ſwelling of the uterus is more uniformly round, while, in the former, inequalities are perceptible. By a mole, likewiſe, the health of the patient is much leſs affected than by a ſchirrus. Moreover, it is remarked in a mole, that if the *menſes* flow at all, it is irregularly, whereas if they appear along with a ſchirrus, they generally obſerve their uſual periods. Laſtly, in a mole, the breaſts ſeem to increaſe, and ſometimes contain milk; but in a ſchirrus they appear rather to be diminiſhed. A ſchirrus may alſo be diſtinguiſhed from conception, or pregnancy, by all the ſame ſigns as from a mole; and from a dropſy of the uterus, becauſe under the former complaint, that organ feels hard and unequal, whereas in a dropſy

dropſy its ſubſtance is uniform, and yields more eaſily to preſſure.

Schirrous tumors of the uterus are ſo extremely difficult of cure, that a favourable prognoſtic can never be drawn with certainty concerning them. What is hard, of long ſtanding, and is diſtinguiſhed by the name of the perfect or legitimate ſchirrus, has hitherto proved incurable by any medicinal application. But that which is ſoft, eſpecially when incipient, is ſometimes treated with ſucceſs. The termination of a ſchirrus, however, when the cure of it is attempted, being more often by ſuppuration than reſolution, ſuch a tranſition of the diſorder, in an internal part of the body, muſt ſtill be attended with much danger; and when it is alſo conſidered, that a ſuppurated ſchirrus degenerates commonly into a cancerous nature, the apprehenſion of ſuch an iſſue muſt greatly add to our diffidence in the

cure. Indeed, in thoſe tumors, the conſequence of a ſuppuration is generally determined by the patient's habit of body; ſo that the caſe is always moſt dangerous in thoſe of a ſcorbutic or ſcropulous conſtitution. At the ſame time, ſhould the perſon be otherwiſe ever ſo healthy, the cure of an internal ſchirrus ought not to be attempted, if the part be affected with ſhooting pains, as theſe are certain indications of its tendency to a cancerous ſtate.

The method of cure in a ſchirrus may be divided into two kinds, the radical, and the palliative; the former of which is made uſe of when the tumor is ſoft, recent, and in a perſon of a good conſtitution; and the latter in oppoſite circumſtances.

In caſes where it is judged proper to attempt the reſolution of a ſchirrus, bleeding ought to be performed from time

to

to time, in order to relax the tenſion of the part, and prevent any inflammation from the uſe of reſolving medicines, eſpecially where the *menſes* are ſuppreſſed, or have ceaſed, or any heat is felt in the uterus. But under the laſt mentioned circumſtance, to attempt a radical cure would be extremely prejudicial; and indeed, had it been commenced, it ought immediately to be laid aſide on the ſmalleſt perception of ſuch a ſymptom.

Laxatives ought alſo to be frequently adminiſtered, to prevent the increaſe of the tumor, and carry off the humours which may have been diſſolved by the medicines.

The moſt proper reſolvents in ſchirrous tumors are all ſaponaceous medicines, fixed alkaline ſalts, mercurial and antimonial preparations, with ſea or chalybeate waters. I knew one inſtance of an inci-

pient ſchirrus in the uterus removed by the uſe of the *cicuta*.

When theſe medicines are preſcribed, they ought to be given in a very ſmall quantity, and long continued; for there is great danger of exaſperating the tumor by deobſtruent remedies. For this reaſon it is far more prudent and eligible, either to uſe none at all, or thoſe only of the mildeſt kind: and in this maxim I have been long confirmed, by obſerving not only the bad conſequences of raſhly attempting a radical cure of ſchirrous tumors, but the happier fate of ſuch patients as had been reſtricted to the palliative method; who by a proper regulation of diet, have lived long unmoleſted by any grievous ſymptom of the diſorder, and at length died either of old age, or ſome other diſeaſe with which the former had no connexion.

In

In the palliative method of treating ſchirrous tumours, bleeding now and then in a ſmall quantity, when the pulſe is full, or any pain is felt in the part, and laxatives taken occaſionally to prevent any inflammatory diſpoſition of the tumor, are the principal expedients to be uſed. The diet ought to be eaſy of digeſtion in the palliative as well as in the radical cure. All high ſeaſoned diſhes, and flatulent food, ſhould be avoided, together with malt and ſpiritous liquors. Even wine itſelf ſhould be uſed in a very ſmall quantity. The moſt ſuitable drink is a light decoction of the woods. All violent exerciſe of the body ought alſo to be carefully abſtained from, as tending to exaſperate the tumor, which ſhould be ſo carefully guarded againſt, that if through an accidental catching of cold, the patient ſhould be ſeized with a cough, it ought to be moderated by pectoral and anodyne medicines, leſt its violence ſhould do

injury to the ſchirrus. In ſhort, the palliative treatment of a ſchirrus requires ſuch an attention to the non-naturals, as that the tumor may neither be increaſed by a viſcidity of the fluids, nor inflamed by any violence of their motion.

CHAP.

CHAP. IX.

Of Abſceſſes, cancerous Ulcers, and Gangrenes of the UTERUS.

THE treatment of theſe caſes differs nothing from that of ſimilar diſorders in other parts of the body; only being ſeated in an organ to which topical remedies can with difficulty be applied, they are extremely dangerous, and generally prove fatal. In abſceſſes and cancerous ulcers, however, the cure, whether palliative or radical, is chiefly to be effected by a mild, cooling, and detergent diet; of which milk ſhould conſtitute a principal part. In uterine, as in other gangrenes, the moſt effectual remedy is the Peruvian bark.

CHAP. X.

Of the PROLAPSUS UTERI.

THE exiſtence of this diſeaſe has been denied by moſt of the antients, who imagined the uterus to be ſo well ſupported by its ſeveral connexions, particularly the broad and round ligaments, as to be utterly incapable of changing its ſituation. That opinion, however, has been amply refuted by the obſervations of later times; and authors abound with the moſt unqueſtionable evidence of the reality of ſuch a complaint.

The ligaments, indeed, appear extremely inadequate to the office here aſſigned them. Their texture is ſo very lax that they undergo but little extenſion even in the laſt months of pregnancy, when the diſtance between their origins and inſer-

tions muſt be much greater than is requiſite for admitting a deſcent of the uterus; and therefore they can contribute but very little towards the ſuſpenſion of that organ. Hence, as the body of the uterus, in a natural ſtate, reſts upon the upper extremity of the vagina, into which its mouth and cervix are projected for a conſiderable way, that, and not the ligaments, muſt be conſidered as the principal inſtrument for ſupporting it in its proper place.

The diſeaſe has been commonly diſtinguiſhed into the imperfect and perfect *prolapſus*. It goes by the former of theſe names, as long as the uterus, though advanced conſiderably downwards, continues to remain within the cavity of the vagina; and by the latter, when it has deſcended below the orifice of that canal, ſo as to appear entirely without the *pudenda*.

Before

Before the uterus has paſſed the middle of the vagina, the patient is ſenſible of little inconvenience; but after that, there is a ſenſe of weight, or *bearing down*, as it is called, attended with a conſiderable degree of pain, which proceeds from the ſtretching of the parts connected with the uterus, and the unuſual diſtenſion of the vagina. Theſe ſymptoms increaſe, as the uterus falls lower; and others are likewiſe produced. In particular, the patient is much incommoded in walking; and when the uterus has reached near the external orifice, ſhe finds frequent difficulty both in making water, and in going to ſtool, from the great compreſſion on the neck of the bladder, and on the rectum. In the complete or perfect *prolapſus*, there is ſtill greater danger of preſſing the uterus by the motion of the thighs in walking; and it is likewiſe liable to be excoriated by the acrimony of the urine.

The

The prolapſed uterus may be eaſily diſtinguiſhed from a polypus of the vagina, notwithſtanding ſome reſemblance between them, in being both of a pyramidal ſhape. In the former, the apex always preſents itſelf; whereas, in the latter, the baſe is the moſt depending part. The uterus, beſides, has a firmer body, and a more poliſhed ſurface; and the *os tincæ* can likewiſe be ſeen or felt.

As the uterus ſeems to be chiefly held up by the extremity of the vagina, every accident which weakens the reſiſtance of that part will prove a cauſe of the *prolapſus*. The vagina may be affected either from a general relaxation of the habit, as induced by a delicate conſtitution, or a *fluor albus*, &c. or, what is more common, from the too great diſtenſion of its own fibres, in conſequence of frequent and laborious births: and hence, the diſeaſe is generally

generally moſt incident to thoſe women who have born many children.

From whatever cauſe the *prolapſus uteri* proceeds, it is always a troubleſome complaint, and often difficult to cure, as ſo many accidental circumſtances will contribute either to increaſe, or renew it; ſuch as coughing, vomiting, ſtraining at ſtool, and lifting heavy weights, *&c.* For the motions excited by theſe ſeveral means will have the ſame effect, in protruding the uterus, with that which they are known to produce in hernial caſes.

When the complaint is recent, the cure is often performed by aſtringent injections, or other topical applications which reſtore a due tone to the parts. Should the woman, however, prove with child during the courſe of this practice, the uterus will be apt to come down again either in time of labour, or ſoon after delivery, though its

its lateral diſtenſion may prove a ſufficient ſupport in time of pregnancy.

When the diſeaſe is of longer ſtanding, and the uterus has deſcended ſo low as the orifice of the vagina, topical remedies alone cannot be depended on. In this caſe, the uterus ought to be reduced, and properly ſupported in its place, till a radical cure can be effected. The woman of herſelf can reduce and keep it up while in bed; though after riſing, and walking about, it will be apt to fall down again. To prevent this, therefore, a peſſary ought to be uſed, as the only certain means of preventing its continual deſcent.

If, through the neglect of the patient to call for proper aſſiſtance, the uterus, covered with the vagina, has entirely paſſed through the *os externum*, no time ſhould be loſt in attempting its reduction. This, however, is ſometimes extremely difficult;

difficult; as, from the depending ſituation of the uterus, by which the return of the fluids is retarded, and likewiſe from its friction againſt the thighs in walking, which invites a greater flux to the part, its bulk is not only conſiderably increaſed, but inflammation and other bad ſymptoms are frequently produced. In theſe circumſtances, the woman ought to be confined to her bed, till, by bleeding, along with fomentations and poultices applied to the uterus, its bulk is ſo far diminiſhed as to admit of being replaced: after which, it ſhould be kept up by a peſſary, as directed in the preceding article.

When peſſaries are found neceſſary, they ſhould be worn for a conſiderable time. Various kinds of them have been recommended: but thoſe made of cork or ivory, and which are commonly of a circular or oval ſhape, are preferable to all others. They are eaſily introduced; and, having

having a large opening in the middle, which permits a free diſcharge of the *menſes*, they may be uſed for a long time without any inconvenience. Another advantage attending them is, that they do not interrupt the freedoms of the conjugal ſtate; and we have inſtances of women who have even become pregnant, without being under the neceſſity of removing theſe inſtruments. In regard to their ſhape, the oval are certainly the moſt convenient; being leſs apt to preſs upon the neck of the bladder and rectum, than thoſe which are circular, when their more contracted extremities are applied to the *ilia*. The French make uſe of a peſſary which ſeems to poſſeſs ſeveral advantages, eſpecially as the woman can introduce and remove it at pleaſure; but it requires an apparatus and degree of attention which render it leſs convenient for thoſe of inferior condition; and, therefore, the flat oval kind,

juſt

juſt now mentioned, ſeems the beſt adapted to general uſe.

Peſſaries, however, are at moſt only calculated to palliate the diſeaſe, which can never be radically cured without the uſe of corroborating medicines; ſuch as the Peruvian bark and chalybeate waters, which ought to be perſiſted in for a long time. The laſt of theſe in particular have not only been often found ſucceſsful in curing the diſeaſe when far advanced, but alſo in preventing its progreſs, when they were had recourſe to, in its earlier ſtages: on which account, they ought always to be preſcribed, where the circumſtances of the patient can afford them. The cold bath, likewiſe, is highly advantageous in this diſeaſe, as in all others depending chiefly on relaxation.

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In regard to the regimen, it may be pretty nearly the same with that which is proper in the *fluor albus*.

CHAP. XI.

Of an Inverſion of the UTERUS.

THE title of this diſeaſe renders any definition of it unneceſſary. It can hardly ever happen but in conſequence of labour, and that generally from too much violence uſed in extracting the *placenta*.

It is always attended with acute pain; and, if not quickly reduced to its natural ſtate, it occaſions an inflammation, which uſually terminates in gangrene, and death. After reduction, which, however, is generally performed with difficulty, the patient ought to continue for ſome time in the uſe of the ſame regimen, and courſe of ſtrengthening remedies, which have been adviſed in the *prolapſus uteri*.

CHAP.

CHAP. XII.

Of the Diſeaſes of the OVARIA *and* FALLOPIAN TUBES.

THE diſeaſes of theſe parts have ſo few peculiarities, that we ſhall rather give a catalogue of them, than any particular account. They may be reduced to inflammations, ulcers, ſchirruſſes, cancers, incyſted tumors and dropſies, *&c.*

It is generally extremely difficult to aſcertain when theſe parts are particularly affected; and the diſeaſes to which they are liable, inflammation only excepted, are always ſo obſcure in their origin, that they are ſeldom or never perceptible, even to the patient herſelf, till they have made a conſiderable progreſs.

When they become known, they are to be treated in the ſame manner with ſimilar diſeaſes in other parts.

Diſeaſes of pregnant Women.

CHAP. XIII.

Of the Signs of CONCEPTION.

BEFORE entering on the diſorders incident to pregnant women, it may not be improper to premiſe a few obſervations on the nature of thoſe ſymptoms, which have been commonly ſuppoſed to denote an impregnated ſtate.

Many particulars, relating to this matter, have been mentioned by authors, but moſt of them are equivocal and uncertain; as being not only common to a variety of other diſorders, but likewiſe different in different women. The ſymptoms which have been chiefly inſiſted on, are the following, *viz.* a ſuppreſſion, or diminution, of the *menſes*, hardneſs and ſwelling of the

breasts, a decayed, or depraved, appetite, *nausea* and vomiting, and an increased bulk of the abdomen, *&c.* All these, in a greater or less degree, are undoubtedly observeable in most pregnant women, partly soon after conception, and partly in the more advanced periods of gestation; but, then, it is equally certain, that they can, by no means, afford an absolute criterion of a pregnant state, in as much as the whole of them are often found to occur in other different circumstances. Thus, for instance, the *menses* may be either diminished, or entirely suppressed, from various errors in the non-naturals, as well as from pregnancy; and the affections of the breasts and stomach, just now mentioned, are the natural consequence of such an accident, from whatever cause it proceeds. Again, a depravation of the appetite, or a strange desire for uncommon, or even noxious, substances, is an usual concomitant of long continued obstructions,

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and accordingly a frequent ſymptom in chlorotic women. And laſtly, a diſtenſion of the abdomen is often produced, by an *aſcites*, the generation of moles, or a morbid enlargement of the glands of the uterus.

This remarkable conformity in the ſymptoms, renders it ſometimes extremely difficult to diſtinguiſh pregnancy from thoſe other diſorders which ſo nearly reſemble it; and hence it ſuggeſted the neceſſity of always uſing great caution in delivering any opinion concerning this ſubject. For an erroneous judgement might not only expoſe the phyſician himſelf to ridicule and contempt, but, what is ſtill of greater conſequence, it might likewiſe, on ſome occaſions, endanger the life or reputation of an innocent woman. To obviate theſe inconveniences, therefore, as much as poſſible, it will always be neceſſary, along with the general ſymptoms,

to pay an attentive regard to other peculiar circumſtances, which, in conjunction with the former, will contribute greatly to characterize the particular caſe.

In the beginning of pregnancy, its ſymptoms are ſo very ſimilar to thoſe that belong to obſtructions, as hardly to be diſtinguiſhable from them. Both caſes are alike attended with a ſtoppage of the *menſes*, which is gradually ſucceeded by the ſame train of complaints; only, with this difference, that, in a pregnant woman, they are generally more rapid in their progreſs, as well as more violent in degree. In a ſimple obſtruction, the diſorders of the ſtomach not only increaſe in a more gradual manner, but are likewiſe leſs liable to riſe to ſuch a height as greatly to moleſt the patient; the retching to vomit, in particular, is a rare ſymptom in this caſe; nor does that unaccountable craving for ſtrange and unwholeſome aliments

appear

appear in the earlieſt ſtages of the diſeaſe. But the contrary of this happens in pregnancy. Moſt of theſe ſymptoms begin to ſhew themſelves ſoon after the firſt failure of the *menſes*; the loathing and ſickneſs at ſtomach, accompanied with violent retchings, but eſpecially in the morning, are generally very troubleſome; and the longings of pregnant women are particularly abſurd. Beſides, the complaints that depend on mere obſtruction grow always the worſe, the longer they continue; while thoſe proceeding from pregnancy begin gradually to abate in the third month, till at length, about the end of the fourth, they frequently diſappear, or, at leaſt, become ſenſibly diminiſhed.

Theſe are the principal ſigns for diſtinguiſhing, in the firſt months, between thoſe obſtructions that are occaſioned by pregnancy, and ſuch as may be produced by any other cauſe. The evidence ariſing from

from hence, however, can amount to no more than a probable conjecture, as different women, according to their ſeveral temperaments, will be variouſly affected, in either of theſe ſituations: for ſome who are actually with child, will be but ſlightly diſordered during the whole of their time; while the complaints of obſtructed patients, will ſometimes be increaſed with uncommon ſeverity. From this ambiguity in the ſymptoms, theſe different caſes may be ſo far confounded together as ſometimes to give occaſion to unhappy miſtakes; as not only obſtructed women may be ſubjected to very cruel and injurious ſuſpicions, but a like fallacy, in regard to thoſe who are really pregnant, may often ſuggeſt an improper, and even dangerous method of practice. Where, therefore, there is ſo much room for deception, and ſo much depends on the accuracy of our concluſions, we ſhould never be haſty in forming an opinion; but rather

rather judge with charity, and preſcribe with caution, till time and the concurrence of other circumſtances more fully elucidate the nature of the caſe.

After the fourth month, the diagnoſtics of pregnancy become daily more evident and certain, by means of the gradual ſwelling of the abdomen, and the touch in the vagina. In the fifth month, the *fundus uteri* is ſo far extended above the brim of the pelvis, as to form a large tumor in the middle ſpace between that part and the navel, which can be plainly perceived by the preſſure of the hand; while, at the ſame time, the introduction of the finger will diſcover the neck of the female organ to be conſiderably ſhortened. In the ſixth month, theſe ſigns are ſtill more manifeſt, and they continue afterwards to be more and more perceptible as the woman advances in her pregnancy; till, at length, on the approach of her delivery, the uterus is

ſo

ſo far diſtended upwards and downwards, that the *fundus* reaches as high as the pit of the ſtomach, and its neck is entirely obliterated.

Sometimes, however, there is a conſiderable variation in the progreſs of theſe ſymptoms, which might be apt to embarraſs young practitioners. In ſome women, the aſcent of the uterus is much quicker than uſual, as its *fundus* will arrive at the *ſcrobiculus cordis* even in the ſeventh month; while in others, eſpecially thoſe who have a prominent belly, it never reaches the upper portion of the abdomen, but, projecting over the *os pubis*, occupies chiefly the inferior parts. Neither does the ſhortening of the *cervix* always keep pace with the term of pregnancy; its length being found the ſame, at the eighth month, in ſome women, as, in others, at a much earlier period. Hence, then, it follows, that ſometimes the touch

in

in the vagina, and ſometimes the appearance of the abdomen, may at particular times prove uncertain; but both together will ſeldom fail of yielding ſufficient information.

In the next place, in order to diſtinguiſh between pregnancy and an *aſcites*, it will be neceſſary to attend to the nature of the tumor, and other particular ſymptoms. In the former, the part immediately above the *pelvis* is the firſt diſtended, and then the whole extent of the abdomen by degrees; the tumor likewiſe feels hard to the preſſure of the hand, and its figure is circumſcribed. On the contrary, when there is a collection of water in the abdomen, the ſwelling is every where alike, it feels ſoft to the touch, and a fluctuation is plainly perceived. But, if the external examination may be deemed inſufficient, the touch in the vagina will eaſily determine the point. For the impregnated

uterus,

uterus, on account of its increaſed bulk, will reſiſt the finger; while that of a dropſical patient, will be felt light, and of its natural dimenſions. To all which may be added, that a dropſy is generally attended with great thirſt, a pale and extenuated countenance, and ſeveral other marks of a worn-out conſtitution.

Other morbid tumors of the abdomen are to be diſtinguiſhed from that which is the conſequence of pregnany, by comparing their preceding and concomitant ſymptoms, the progreſs of their growth, their duration, and their external appearance, *&c.* with the more eſſential characteriſtics of the latter, as already deſcribed.

CHAP.

CHAP. XIV.

Of the Diſeaſes of PREGNANT WOMNN.

THE ſymptoms which immediately follow conception become ſo many temporary complaints, which generally ceaſe about a certain period of time, and then give way to others. Hence, therefore, the diſorders of pregnant women may be properly divided into two different claſſes; namely, thoſe which attend the beginning of pregnancy, and ſuch as are incident to its more advanced ſtages. The former ſeem to depend on a plethora, or fulneſs of the veſſels, occaſioned by the retention of the *menſes*; while the latter chiefly derive their origin from the increaſed bulk of the uterus, compreſſing the ſurrounding parts. Many of theſe complaints are ſometimes exceedingly troubleſome,

troubleſome, but they can only admit of a palliative cure.

SECT. I.

Of the Diſorders which attend the Beginning of Pregnancy.

Nauſea and Vomiting.

MOST women with child are affected, more or leſs, with this ſymptom; but particularly in the mornings, when they attempt to riſe out of bed. It commonly begins ſoon after conception, and continues till the end of the fourth month, or even ſomewhat longer; but about that time, it generally grows milder, or ceaſes altogether, and then the woman recovers her appetite and natural healthy looks, both which had formerly been very much impaired. In ſome particular conſtitutions, however,

however, the vomiting perſeveres, with little or no diminution, to the latter end of pregnancy.

In the beginning, when the vomiting is mild, it is ſo far from being accounted dangerous, that it is rather thought to be attended with ſalutary effects; not only by unloading the ſtomach of all ſuperfluous aliments, and thereby preventing too great a degree of plethora, but likewiſe by exciting ſuch motions as may greatly aſſiſt the extenſion of the uterus. But, on the contrary, if the vomiting be very violent, even in the firſt months, or continues much longer than the end of the fourth, it becomes then an object of more ſerious attention, and ought certainly to be alleviated as much as poſſible, as it not only fatigues and exhauſts the patient, but alſo expoſes her to the hazard of an abortion, with all its dangerous conſequences.

As to the cauſe of this complaint, it may chiefly be attributed to plethora in the beginning, as hath been already obſerved; though, in ſome caſes, it may likewiſe be occaſioned by a certain kind of ſtimulus excited in the ſtomach, on account of its nervous communication with the uterus, wherein great changes are now taking place. But when the vomiting continues beyond the fourth or fifth month, it is then owing to the ſame cauſe which produces the other diſorders moſt peculiar to the laſt ſtages of pregnancy, namely, to the compreſſion ſuſtained by the neighbouring parts, from the increaſed ſize of the uterus; and this ſymptom is a proof, that the ſtomach, in particular, is greatly affected by that circumſtance.

The cure, when the vomiting is not very violent, may be firſt attempted by gentle ſtomachic remedies, as a frequent uſe

uſe of mint tea, or ſmall quantities of the compound ſpirit of lavender taken occaſionally in a glaſs of wine, and other things of the like mild and agreeable nature. But nothing contributes more to ſettle the convulſive motions of the ſtomach in this caſe, than the following anti-emetic julep.

℞ Sal. abſynth. drachmam unam.
Succ. limon. ſeſcunciam, vel q. ſ. ad ſaturationem.
Aq. cinnamom. ſimp. uncias tres.
Sacchar. puriſſim. drachmam unam. M.

About two or three ſpoonfuls of this compoſition may be taken for the firſt doſe, and one ſpoonful every hour, or half hour thereafter, according to particular circumſtances, till the vomiting abates. But the efficacy of the medicine will be conſiderably increaſed, if to the

quantity above preſcribed, be added about two drams, or even half an ounce, of the *tinct. cinnamom.* or, otherwiſe, if twenty or thirty drops, or more, of that preparation, ſhould occaſionally be taken with every ſeparate doſe.

Along with theſe remedies, may likewiſe be tried external applications; and particularly, the *emplaſtrum ſtomachicum*, which, by itſelf alone, has been often found ſucceſsful in this intention. It is commonly applied to the pit of the ſtomach; but its effects, perhaps, would be greater, if it were placed over the falſe ribs of the left ſide, under which the greateſt part of the ſtomach appears to be ſituated. However, to enſure its utility, it may be made large enough to cover both theſe parts.

When the vomiting is only moderate, this method will generally be ſufficient

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to keep the patient tolerably eaſy; but, in more violent caſes, recourſe muſt be had to evacuations, and eſpecially bleeding, in order to diminiſh the plethora, and thereby procure a more ſpeedy and permanent relief. Some have objected to this operation, as endangering abortion. But this is entirely a falſe notion; as phlebotomy is often the ſureſt preſervative againſt that very accident, and always leſs to be dreaded, even in that point of view, than the violent efforts of the diſorder which it is, here, intended to remedy. It may, therefore, be performed with ſafety at any time of pregnancy, and repeated occaſionally, when the urgency of the caſe requires it. As to the quantity of blood to be taken away at a time, that muſt be determined entirely, by the degree of plethora, and the ſtrength of the patient; but, at a medium, from ſix to eight ounces may be a proper quantity: and the diſcharge will always be attended

with ſtill better effects, if it is made as near as may be to the uſual periods of menſtruation; at which times, by a certain law of nature, the commotions excited in the ſyſtem by the redundant blood, are generally obſerved to be the greateſt in all obſtructions of the *menſes*, from whatever cauſe.

For the ſame purpoſe, it will likewiſe be neceſſary to keep the body open, as that will greatly contribute to take off the fulneſs of the veſſels, and conſequently to relieve the ſickneſs at ſtomach and vomiting. This, however, ought always to be attempted by the moſt gentle means; and every thing of a heating and ſtimulant nature, ſhould be carefully avoided, as being apt to produce flooding and abortion.

If, notwithſtanding all theſe precautions, the retching ſhould continue ſo violent as to diſturb the patient in the

night, ſome gentle anodyne ſhould be taken at bed-time as often as occaſion requires. Accordingly, about fifteen or twenty drops of liquid laudanum, ſwallowed down in two or three ſpoonfuls of mint or cinnamon water, or ſome ſuch grateful ſtomachic, will generally allay the irritation, and procure ſome refreſhing ſleep.

An attention to the diet, and other non-naturals, is of no leſs conſequence towards the removal of this complaint, than the uſe of medicines. The food ſhould be light, and eaſy of digeſtion; and a moderate quantity of the milder acids, as the juice of lemons, and white-wine vinegar, may be frequently joined with the drink. Moderate exerciſe, likewiſe, is highly conducive to the cure; and, in violent caſes, when the circumſtances of the patient can admit of it, ſhe ſhould be removed

from a thick and confined air, to a more free and open ſituation.

Longings.

THESE commonly diſcover themſelves, by an air of penſiveneſs and dejection in the mother. They are often very abſurd, but they are entirely involuntary; and the woman generally continues anxious and uneaſy till ſhe has obtained her wiſhes. While women are under the influence of theſe deſires, all reaſoning is thrown away upon them; and, therefore, when the wiſhed-for object can be procured, it will be proper to gratify them, as abortion has often been the conſequence of a diſappointment.

Pain

Pain and ſwelling of the Breaſts.

SOON after the diſappearance of the *menſes*, the breaſts become hard, turgid, and painful; and ſeem to contain a thin, ſerous ſort of fluid. Theſe ſymptoms, however, are ſeldom attended with any bad conſequence; but generally wear off about the end of the fourth month, or ſoon thereafter, as the woman advances in her pregnancy. When the tenſion and pain is ſo great as to render the patient very uneaſy, it is to be relieved by venæſection and gentle cathartics, as already adviſed in the caſe of vomiting; the woman taking care, all along, not to lace herſelf too tight.

Lowneſs

Lowneſs of Spirits and Fainting.

WOMEN are more liable to a lowneſs of ſpirits during pregnancy, than at any other time; and this ſymptom often terminates in a ſyncope. The fit is preceded, as in all other *deliquia*, by all the marks of a weak and languid circulation, as a paleneſs and loſs of colour in the countenance, univerſal tremors, cold and clammy ſweats, and a feeble pulſe, which gradually ſinks away, till at length it ceaſes to be perceptible, and all ſenſe and motion appear to be entirely loſt. This ſymptom is incident to all the periods of geſtation; but it is moſt common about that time, when the child begins to quicken.

So frequent a diſpoſition in pregnant women to lowneſs and fainting, may proceed in general from ſome unuſual change,

change, produced in the whole nervous ſyſtem, by means of the gravid uterus; but ſometimes the ſyncope is owing to frights, ſudden ſurpriſes, or the ſight of diſagreeable objects, &c. When any of the three laſt is the cauſe, the fainting is not unfrequently followed by an abortion; though on other occaſions, unleſs the fits be very violent, return too often, or continue too long, there is hardly any danger.

The patient is to be recovered from the fit by the ſame methods which are commonly uſed in all other caſes of fainting, *viz.* by the application of volatile or fetid ſubſtances to the noſtrils, and dipping the hands in cold water, &c. and afterwards ſome wine, or other proper cordial, ſhould be exhibited, in order to recruit the exhauſted ſpirits, and aſſiſt the powers of nature to renew their uſual functions. In plethoric conſtitutions, eſpecially ſuch as

are

are more than commonly liable to this complaint, a moderate uſe of the lancet, repeated from time to time, proves one of the beſt prophylactic remedies: and in all habitual languors, great ſinkings and depreſſions of the ſpirits, even though not always accompanied with faintings, it will be proper to preſcribe a frequent repetition of ſome cordial medicine, for relieving the patient, from the uneaſy ſenſations, as well as the gloomy apprehenſions, to which, at ſuch times, ſhe is apt to be ſubjected. For this purpoſe, a ſuitable doſe of *ſal volatile cleoſum*, or tincture of ſaffron, may be taken occaſionally in any proper vehicle; but, of all others, wine ſeems to be the moſt preferable diluter for medicines of this claſs, as coinciding moſt in their general intention. If this fails, a ſpoonful of the following mixture, taken every hour, or oftener, will generally produce the effects of an uſeful cordial and reſtorative.

℞ Ag.

℞ Ag. cinnamom. ſimp. uncias quatuor.

——————— ſpirituos. uncias duas.

Extract. croc. ſcrupulum unum.

Confect. alkerm. drachmas ſex. M.

In the treatment of this complaint, however, ſome diſtinction will be neceſſary, both in regard to hyſterical conſtitutions, and ſuch as have been greatly weakened by profuſe evacuations. When, therefore, the faintings of pregnant women appear to be ſymptomatical, and chiefly to proceed from either of theſe habits of body, bleeding, by way of prevention, would be highly improper, and never ought to be employed unleſs when the violence of the fit may ſeem to threaten immediate danger, and cannot be made to yield to any other remedy. At all other times, the cure, or rather the mitigation of that troubleſome diſorder, ſhould

ſhould always be attempted by thoſe means, which appear to be beſt adapted to the nature of the particular cauſe; whether that be of the hyſterical kind, or otherwiſe the reſult of a debilitated ſyſtem.

Beſides the complaints above mentioned, there is a variety of others to which women are liable in the firſt months of their pregnancy; as vertigo, pains in the head and teeth, a ſenſe of weight and oppreſſion at the præcordia, and a difficulty of breathing, *&c.* But as all theſe depend on the ſame general cauſe with the preceding, namely, on a plethora, they are likewiſe beſt relieved, when very troubleſome, by the ſame means which have been already recommended, in the treatment of theſe, for unloading the veſſels, *viz.* by moderate venæſection and gentle purgatives: and, therefore, to enlarge on each in particular, would only give occaſion to tedi-

ous,

ous, and unneceſſary repetitions. About the end of the fourth month, or ſoon thereafter, the diſorders of this ſtage of pregnancy generally diſappear along with their cauſe; ſince by this time the ſuperfluous blood, which hitherto had given occaſion to the complaints of the mother, is moſtly required for the nouriſhment of the fœtus.

SECT. II.

Of the Diſorders which are moſt peculiar to the more advanced Stages of Pregnancy.

FROM the termination of the preceding complaints to the time of delivery, various others are ſucceſſively produced; according as the uterus, in conſequence of its gradual enlargement and different ſituations, may happen to affect the contiguous parts by its weight and preſſure. Theſe complaints

complaints generally ſucceed each other in the following order.

Difficulty, Suppreſſion, and Incontinence of Urine.

WHEN the uterus begins to riſe out of the pelvis, which commonly happens about the end of the fourth, or beginning of the fifth month, it is then ſo greatly diſtended as to preſs anteriorly on the *ſphincter veſicæ*; by which means, the diſcharge of the water is often rendered difficult, and ſometimes abſolutely impracticable without the aſſiſtance of art. But ſome women may be affected with this complaint at a much earlier period of geſtation; either when the ſize of the *ovum* is uncommonly large, when the natural ſituation of the uterus is low, or when the *placenta* adheres to the inferior parts of that organ. It commonly continues, in a

greater

greater or leſs degree, till the body of the uterus has ariſen above the brim of the pelvis; and then, the preſſure being removed, it ceaſes of courſe.

In regard to the cure, gentle diuretics may firſt be tried, with a view to increaſe the diſcharge. The *pilulæ ſaponaceæ* of the London Diſpenſatory have often produced good effects in this caſe. But if, notwithſtanding this method, the water ſtill continues to be voided but in ſmall quantity, or if there is a total ſuppreſſion of it, the catheter ought to be immediately introduced; and the bladder ſhould be carefully emptied, from time to time, by the ſame means, in order to prevent its laceration, and the other bad conſequences which ſo frequently ariſe, from the too great accumulation of its contents. Sometimes, however, the preſſure is ſo great as to render the introduction of the catheter difficult; producing, at the ſame time, an

inflammation, tenſion, and violent pain of the part, which prove ſo many additional obſtacles to its entrance. In this caſe, which is commonly accompanied with a certain degree of fever, the inflammatory ſymptoms ought firſt to be ſubdued, by bleeding, emollient glyſters, and warm fomentations and baths, to be repeated, according to particular circumſtances, till there is an abatement of the pain, and a ſufficient relaxation of the urinary paſſage: after which, by gently puſhing up the uterus at the ſame time, the catheter will be made to ſlip forward, with much more eaſe to the operator, and far leſs inconvenience to the patient.

When none of theſe bad ſymptoms appear, but the ſuppreſſion, though partial, does not yield to diuretics, the woman may be frequently relieved without any other aſſiſtance than only raiſing the uterus with the point of the finger; as by

by this means, the compreſſion on the neck of the bladder, is removed for the time, and the water will be pretty freely diſcharged. But when the complaint threatens to become total, bleeding, gentle laxatives, and a daily uſe of the catheter, are the moſt effectual remedies.

If the ſuppreſſion be owing to a large ſtone in the bladder, obſtructing the mouth of the paſſage, we can only palliate the diſorder, by occaſionally thruſting back the offending body with the catheter; nor can any thing elſe be attempted, till after delivery, when the proper operation for extracting it, ought to be performed.

But a total obſtruction of the urine is a more frequent, as well as more dangerous ſymptom in time of labour, than at any other period. It is then owing to the child's head being ſo far advanced within the pelvis, as ſtrongly to compreſs the

urinary paſſage; in which ſituation if it remains for any conſiderable time, the obſtructed water will, at length, be collected in a very great quantity; and, hence, ſeveral bad conſequences may enſue. The labour will be neceſſarily retarded, as the woman dare not force down, on account of the exquiſite pain ariſing from this circumſtance; the diſtended bladder may be ruptured by the powerful contractions of the abdominal muſcles; or, at leaſt, its fibres may be ſo over-ſtrained by the exceſs of its load, as not to be able to expel its contents for ſome time after delivery, even if the patient ſhould be lucky enough to eſcape without any greater injury. Wherefore, to prevent either of theſe inconveniences, as much as poſſible, the water ſhould be drawn off by the catheter in the beginning of labour, and the ſame method repeated, during the whole of its progreſs, as often as occaſion requires, or the circumſtances of the caſe will admit. In like

like manner, a ſuppreſſion of urine after delivery, ariſing from the cauſe juſt now mentioned, muſt alſo be occaſionally relieved by the ſame expedient, till the bladder, having recovered its proper tone, becomes fit for its uſual functions; and if any marks of inflammation attend this ſymptom, that is to be removed by warm emollient fomentations, *&c.* applied to the region of the *pubes*, and the external parts, together with the uſe of all other remedies which are commonly found uſeful on ſimilar occaſions.

Towards the end of pregnancy, women are often troubled with a complaint which is the reverſe of the former, namely, an incontinence, or involuntary diſcharge of the urine. This is moſt frequent with thoſe who have naturally prominent bellies, and is owing to the too great preſſure of the uterus on the body of the bladder. It is a ſymptom more diſagreeable in itſelf,

than dangerous in its conſequences. It cannot be entirely removed, till the woman is delivered; but it may be conſiderably alleviated, by ſuſpending the abdomen with proper bandages; by reſt, a ſupine poſture, and a light cooling regimen; the patient carefully avoiding the uſe of liquid aliments, and too much drink, but particularly every thing of a hot and ſtimulating nature, as theſe tend either to increaſe the quantity of the urine, or accelerate its diſcharge.

Coſtiveneſs.

ABOUT the ſame time, the uterus, extending itſelf in all directions, begins likewiſe to preſs againſt the *rectum*; from whence this complaint is produced. The difficulty of urine generally ceaſes, as ſoon as the uterus ariſes into the abdomen; but the coſtiveneſs is apt to remain, more

or

or leſs, to the end of pregnancy; becauſe the uterus, while it reſts on the brim of the *pelvis*, muſt always exert the ſame kind of preſſure on the beginning of the *rectum*, as formerly on its inferior parts.

This ſymptom is rarely attended with any unfavourable conſequence, unleſs when the fœces have been retained ſo long, that their rarefied air has greatly inflated the *colon*, and thereby produced ſevere pains of the bowels, and other colical ſymptoms. But then, indeed, there is great danger of abortion; as the violent *teneſmus* and ſtraining hence ariſing, muſt neceſſarily ſubject the uterus to ſuch immoderate degrees of compreſſion, as may at length prove the cauſe of an untimely birth.

The coſtiveneſs may be prevented in the beginning, by gentle laxative medicines frequently repeated, as particular

caſes may require, in order to keep the body open; ſuch as lenitive electuary, manna, magneſia, and the like. The two firſt may be given from two drams to half an ounce, and the latter from one to two drams, three or four times a week, according to the degree of the diſorder, and the nature of the conſtitution. If this has been neglected, however, till the complaint has become obſtinate by length of time, theſe remedies alone will not be ſufficient to remove it. In that caſe, it will often be neceſſary to bleed the patient to the quantity of ſix or eight ounces, or even more, if ſhe can bear that evacuation; as there may be reaſon to apprehend ſome degree of inflammation, from the violence of the preſſure. Some emollient glyſter ought then to be adminiſtered, and even repeated if occaſion requires, in order to diſſolve, and throughly evacuate the hardened fœces: after which, a due exhibition of the laxatives juſt now recommended,

recommended, will generally prevent the like inconvenience for the future.

In general, but eſpecially when the woman is naturally of a coſtive habit, the diet ought chiefly to conſiſt of ſpoon meat, and ſuch other aliments as have the leaſt tendency to bind up the body.

Hæmorrhoids.

THE preceding complaint ſometimes, but more frequently the ſize and weight of the uterus, by exciting a preſſure on the hæmorrhoidal veins, produce thoſe ſwellings, both external and internal, at the lower extremity of the *rectum*, which are commonly called the hæmorrhoids or piles.

This complaint is ſeldom dangerous, though generally very troubleſome. Reſt, lying much in bed, and a reclining poſture, contribute

contribute greatly to the eaſe of the patient.

The cure is very little different from that which is commonly uſed in all other caſes of this kind; only that particular regard ought always to be had to the preſent circumſtances of the patient. Venæſection, and lenient cathartics, with ſometimes emollient glyſters, are the principal remedies. But, in general, the internal hæmorrhoids are more difficult of cure than the external, as being more out of the reach of thoſe topical applications, which may, ſometimes, be found neceſſary; ſuch as warm fomentations, puncture with the lancet, and a diſcharge by leeches, *&c.* though the latter ought always to be uſed with great caution. It may be of conſiderable ſervice, in this caſe, to ſupport the belly by ſome proper contrivance; as that will take off a part of the preſſure which gives occaſion to the diſeaſe. The

ſame

ſame kind of diet is convenient here, as in the preceding article.

Pains in the Back, Belly, and Loins.

PAINFUL ſenſations are apt to be produced in theſe parts, either by the general cauſe already mentioned, namely, the weight and preſſure of the uterus, by the too great extenſion of its ligaments, or by violent ſtraining, and other external injuries. They are ſeldom dangerous, unleſs when they proceed from the laſt of theſe cauſes, or are otherwiſe extremely violent; but, in either of theſe caſes, an abortion may certainly be the conſequence.

When the cauſe is purely natural, the pains cannot be entirely removed, till the woman is delivered; but they may be greatly mitigated, by indulging reſt, keeping

ing the body open, and the uſe of ſome proper method for ſupporting the abdomen. If, however, they are ſo very immoderate as to render the patient reſtleſs and uneaſy, bleeding will be neceſſary, eſpecially in plethoric conſtitutions; and draughts with ſuitable doſes of laudanum, ought likewiſe to be exhibited at bed-time. The ſame method will alſo be proper, when external violence is the cauſe of ſevere pains; together with ſome ſtrengthening plaſter applied to the ſmall of the back.

Swelling of the Legs, Thighs, and Labia Pudendi.

AFTER the ſixth or ſeventh month, women with child are apt to be troubled with theſe complaints, eſpecially towards the evening. They are owing to the preſſure of the uterus, preventing the free return of the venal blood, and other fluids, from

from the ſeveral parts; by which means their veſſels at length become overcharged, and ſubject to œdematous and varicoſe ſwellings.

Theſe ſymptoms are ſeldom attended with any bad conſequence, though the ſkin is ſometimes ſo exceſſively ſtretched as to occaſion conſiderable pain. They cannot be entirely removed, till after delivery, when they commonly vaniſh of their own accord; but in the mean time, they may be greatly palliated. If the ſwelling be moderate, and only affects the legs, proper bandages, rolled upon theſe members, or the laced ſtocking may be uſed with advantage; together with the adminiſtration of emollient glyſters, and gentle laxatives, as already recommended in the cure of coſtiveneſs. But, on the contrary, if the diſorder extends itſelf to the other parts comprehended under this article, we muſt then, over and above theſe means,

call

call venæſection likewiſe to our aid, to be proportioned to the conſtitution and ſtrength of the patient: and ſometimes alſo, in violent diſtenſions of the legs and *labia vulvæ*, puncture and ſcarification will produce good effects, by diſcharging large quantities of the obſtructed ſerous humours.

The diet ought to be ſuited to particular conſtitutions. In ſanguine habits, it ſhould be light, thin, and refrigerant; but, in the contrary circumſtances, of a more warm, ſolid, and ſtrengthening kind. Reſt, and a recumbent poſture are always conducive to the mitigation of the ſymptoms, and the relief of the patient.

Vomiting,

Vomiting, difficulty of Breathing, and Cough.

THESE complaints, which we have already obſerved to be uſual ſymptoms in the beginning of pregnancy, are likewiſe apt to recur towards the end of the reckoning; but, here, they are owing to a different cauſe. The vomiting proceeds from the extraordinary compreſſion ſuſtained by the ſtomach, in conſequence of the great diſtenſion of the uterus at this period of geſtation; the *dyſpnœa*, from the ſame degree of preſſure acting againſt the diaphragm, and thereby diminiſhing the cavity of the *thorax*, ſo that the lungs cannot be ſufficiently expanded in time of inſpiration; and, from this laſt circumſtance, and the conſequent obſtruction of the blood in the pulmonary veſſels, a ſtimulus is apt to be excited, which frequently produces a cough.

The

The method of cure, diet, and regimen, already recommended on ſimilar occaſions, are generally the moſt proper in theſe caſes likewiſe. If the vomiting ſtill continues obſtinate, however, opiates will often abate its violence, after all other means have failed. When the difficulty of reſpiration and cough are immoderate, the patient, while in bed, ſhould have her head conſiderably raiſed, an erect poſture being always the moſt convenient in this caſe; mild pectorals ought to be uſed; and phlebotomy muſt be repeated, according to the conſtitution, and particular emergencies. In all theſe complaints, a gentle compreſſion of the abdomen, from above downwards, may often be of ſervice. But this ought not to be over-done; as too ſtrait ligatures may produce other inconveniences, no leſs troubleſome in their effects than thoſe they are intended to remove.

Flooding and abortion are likewiſe frequent, and ſometimes fatal incidents in pregnancy. But, as theſe may happen indifferently at any period of geſtation, and could not, therefore, be ſo properly ranged under either of the two foregoing ſections, we have purpoſely reſerved them for a ſeparate diſcuſſion.

Flooding.

SOME women have a regular appearance of the *menſes*, for the firſt three or four months after conception; and others, through the whole of their time. But theſe inſtances are exceedingly rare, and are chiefly owing either to too great a quantity of blood, or a weak ſtate of the containing veſſels; or, in other words, to a plethoric, or relaxed habit of body. In the former of theſe caſes, bleeding, with a ſpare and cooling diet, is uſeful;

while every thing that ſtrengthens the ſyſtem, either as food or medicine, agrees beſt with the latter.

There can be no great hazard of miſtaking this diſcharge for a flooding, as there are certain characters by which they may be eaſily diſtinguiſhed. The *menſes* of pregnant women ſtill keep an appearance of regular periods, and are always leſs in quantity than the natural diſcharge; whereas, a flooding is either continual, or obſerves no periodical returns, and it is likewiſe much more profuſe. But beſides, a flooding is generally attended with a conſiderable degree of pain, and, after it has intermitted for ſome time, is apt to be renewed by the ſlighteſt accidents; neither of which is the caſe with the more regular flux. A flooding, then, may be properly enough defined, a continual, or, at leaſt, a too frequent, and too copious diſcharge of blood from the veſſels of the uterus,

uterus, accompanied with pain, and ſubject to irregular returns.

The immediate cauſe of a flooding, is, a ſeparation of the placenta, in a greater or leſs degree, from the internal ſurface of the uterus; and this again may be owing, in its turn, to any accident that conſiderably increaſes the force of the circulation, or otherwiſe affects the uterus itſelf in ſuch a manner as to throw it into unuſual contractions. In general, the vehement paſſions of the mind, ſudden ſurpriſes, violent ſhocks, falls, ſtrains, and blows upon the belly, with other external injuries, are all frequent cauſes of this effect. But nothing is more apt to produce it than the ſeveral diſorders above deſcribed, when they happen in any violent degree; as ſevere retchings to vomit, hard coughing, and much ſtraining at ſtool, *&c.* and hence, therefore, as few pregnant women are entirely exempted from one or

other of theſe complaints, may likewiſe be deduced the reaſon of the frequent return of the flooding. For the ſuſpenſion of the diſcharge being chiefly occaſioned by grumous concretions obſtructing the *os internum*, the ſame efforts, which might be ſufficient, at firſt, to detach the *placenta*, will ſtill more eaſily, afterwards, remove theſe *coagula*, and thereby often reſtore the flooding with greater violence than before. Nay, the leaſt motion of the body will ſometimes revive it.

This ſymptom is ſeldom free from danger, both to the mother and her child; though that is always more or leſs, according to the particular term of pregnancy, and the proportion of the ſeparated *placenta*. In the firſt four or five months, the danger is the leſs; but it increaſes daily afterwards, on account of the greater dilatation of the blood veſſels, as the woman approaches to her full time.

The

The ſame rule likewiſe holds good, in regard to the magnitude of the detached *placenta*; as the flooding, and conſequently the danger, will always be leſs or more, according as fewer or more of the uterine veſſels are left uncovered by that accident, at whatever time of pregnancy it happens. When the flooding is very violent, or has continued long, it often throws the patient into faintings and convulſions, which ſometimes prove mortal.

The firſt appearance of a flooding ought always to alarm us, and therefore every proper endeavour to reſtrain it, ſhould ſpeedily be purſued. But as the method of cure, ſuitable in this caſe, coincides ſo nearly with that already recommended, in the former part of this work, for the *immoderate flux of the menſes*, it would be ſuperfluous to ſwell this article with a repetition of the ſame rules, remedies, and cautions; and therefore, without any farther apology,

we ſhall beg leave to refer the reader to the chapter on that ſubject, for an account of every thing that is neceſſary in regard to this matter.

If, however, after all our endeavours, the flooding ſtill continues, till the patient becomes exhauſted and faint with loſs of blood, her life is in imminent danger; and therefore, her delivery ought to be attempted without loſs of time, that the uterus may have freedom to contract itſelf. This is to be performed, by firſt extracting the fœtus, and then the ſecundines, according to the rules laid down for that purpoſe, by the profeſſors of the obſtetric art. It is always a difficult, and often a hazardous operation; but it is the laſt and only reſource, for ſaving the patient, in ſo critical circumſtances.

Abortion.

A premature birth of the fœtus, before the full time, is commonly called an abortion or miſcarriage. It may happen at any time of pregnancy; and then, it may proceed from a flooding, or any of the various cauſes productive of that diſcharge; but particularly, from the complaints of the mother, as has been already often noted in their deſcription, *&c.* The danger attending this accident is always leaſt in the firſt months; becauſe the ſmaller ſize of the fœtus at that time obtains an eaſier paſſage through the *os internum*; and likewiſe, becauſe the flooding, then, is never ſo profuſe as afterwards.

When a woman with child is ſeized with irregular pains in the back and belly, accompanied with ſtrong alternate con-

tractions and relaxations of the abdominal muſcles, and a frequent forcing-down as in true labour, there is great reaſon to apprehend an abortion. To prevent ſuch a misfortune, therefore, the patient ſhould immediately be put to bed; all motion ought to be avoided, and the mind kept perfectly at eaſe. If plethoric, ſhe ought to be blooded; and that operation ought, likewiſe, to be repeated occaſionally, according to particular indications. In general, opiates are indiſpenſible, in this caſe, for allaying the pains; as nothing can be effectual, till the irritation is abated. Aſtringent remedies, both external and internal, are likewiſe to be uſed, as circumſtances ſhall direct.

But, to be more particular, the cure and regimen muſt always be adapted to the principal cauſe of the complaint. If it ſeems chiefly to depend on vomiting, coughing, violent ſtrainings from coſtiveneſs,

neſs, or the longings of the mother, *&c.* theſe ſymptoms muſt be abated by the ſeveral methods already propoſed for the treatment of each. Again, when an abortion is threatened, from an *hypercatharſis*, induced by too ſtimulating purgatives, from a *teneſmus*, or continual irritation of the *rectum*, or laſtly, from convulſions, the method of cure muſt be varied accordingly. The two former are to be treated by opiates, ſuitable balſamic and mucilaginous medicines, with ſoft oily glyſters, *&c.* and the latter, by bleeding, bliſters, and other appropriated remedies.

When, notwithſtanding all attempts to the contrary, the pains and other ſymptoms continue to increaſe to ſuch a degree, that an abortion appears inevitable, the woman, in that caſe, ſhould receive the neceſſary aſſiſtance with all poſſible expedition. If, after ſhe is delivered, any profuſe hæmorrhage, or flooding ſhould enſue, it is

to

to be treated in the manner hereafter to be described in similar cases succeeding natural labours. And, in short, the several supervening symptoms, whatever they may be, require exactly the same treatment, both in regard to diet and medicines, with those of the same kind, which may happen to occur in ordinary cases.

False Conceptions and Moles.

WHAT is commonly distinguished by these appellations, is a shapeless mass of matter, partly of a membranous and partly of a fleshy appearance, of which women are sometimes delivered, with pains and other symptoms resembling those of real labour. It is always owing chiefly to coagulated blood, either in consequence of abortion or obstructed *catamenia*, and not, as some have imagined, to an imperfect generation.

If

If the fœtus dies in the firſt two or three months after conception, it is ſoon diſſolved, on account of the ſoft gelatinous conſiſtence of its parts; and, in that ſtate, often paſſes through the *os internum*, without being perceived. But the *placenta* and membranes frequently remain behind for a conſiderable time longer, acquiring a daily increaſe from the firm adheſion of the uterine blood round their whole ſurface; and when this ſubſtance is afterwards diſcharged, and eſpecially within the fourth month, it commonly obtains the name of a falſe conception, as containing no rudiments of a fœtus: but, after that period, it is more uſually denominated a mole.

There have been inſtances of women who have gone with moles for ſeveral years. They are moſt common, however, with thoſe who are in the decline of life, on account of the great obſtructions to which ſuch women are liable, from the irregularity

irregularity of their periods; in conſequence of which, the retained blood being ſtrongly preſſed by the action of the uterus, its ſerous parts are forced off, and the fibrous portion is compacted into a firm ſubſtance of a fleſhy appearance. That this is the moſt common cauſe of the production of moles, ſeems to be pretty evident, from many accurate obſervations.

A mole very much reſembles the gravid uterus, but yet they may be tolerably diſtinguiſhed. In the former caſe, the belly is much harder than in pregnancy, along with a greater ſenſe of weight and pain; the breaſts are leſs turgid, and contain little milk; the ſpirits are lower, and the looks more faded; the woman, in general, is much more diſordered; and there is no perception of motion in the uterus. Theſe ſymptoms, it is true, are liable to ſome uncertainty, both as they may vary conſiderably in different conſtitutions,

and, likewiſe, as it is not eaſy to aſcertain their exact proportion in any; but no doubt can remain, that the woman is not pregnant, if they continue the ſame after the uſual term of geſtation.

When a woman is threatened with a miſcarriage, as it is called, of a falſe conception or mole, the ſymptoms are generally the ſame with thoſe which precede natural labour. The treatment, therefore, and the aſſiſtance, when any is neceſſary, muſt be ſimilar; and the recovery of the patient, after ſhe is delivered of her burden, muſt likewiſe be promoted by the ſame means which are commonly uſed for child-bed women.

CHAP.

CHAP. XV.

Of other Diſeaſes ſometimes attending PREGNANCY.

THE diſorders above deſcribed, which naturally reſult from the very condition of pregnancy, are ſometimes liable to be complicated with others, proceeding from different cauſes, and equally incident to women at any other time. Thoſe which have been chiefly mentioned by authors, are, the *fluor albus*; *gonorrhœa* and *lues venerea*; dropſies of various kinds, as of the *thorax*, *abdomen*, and *uterus*; hernias, or ruptures; nephritic and calculous complaints; and diarrhœa, *&c.*

As ſome of theſe diſeaſes produce the ſame kind of ſymptoms with the gravid uterus, their co-operation muſt greatly aggravate

aggravate particular complaints. Thus, gravel or ſmall ſtones in the kidnies, conſpiring with the preſſure of the uterus, will neceſſarily increaſe the uſual pains in the back and loins; and the difficulty of breathing muſt be vaſtly augmented, by large collections of water, or other matter, in the abdomen or thorax, occaſioning an additional compreſſion on the organs of reſpiration. Others, again, produce different effects; a venereal taint is communicated to the fœtus, and a large ſtone in the bladder obſtructs its birth.

Moſt of theſe diſeaſes admit chiefly of palliation during pregnancy; but when a radical cure is thought adviſeable in particular caſes, it is to be proſecuted in much the ſame manner as at other times; only that every degree of irritation ought carefully to be avoided.

CHAP.

CHAP. XVI.

Of the Diſeaſes of CHILD-BED WOMEN.

THE complaints to which women are liable in the various ſtages of pregnancy, are often ſucceeded by others, of a more acute and dangerous nature, at the termination of that period. Moſt of theſe, however, depend more upon unfavourable accidents, than on any alteration produced in the animal œconomy. The firſt, and moſt important, in this claſs of diſeaſes, is flooding.

Of Flooding.

BY flooding is underſtood a copious diſcharge of blood from the uterus, which follows either immediately, or a ſhort time after delivery; and of all the various hæmorrhages

hæmorrhages of that organ, its violence is to be moſt apprehended, on account of the patulous ſtate of the veſſels with which the *placenta* had lately been in connexion.

This evacuation is generally of a grumous conſiſtence, and, when continued beyond the term of its natural duration, is ſupported either by a partial adheſion of the *placenta*, clots of blood remaining in the uterus, or ſome violence ſuſtained in delivery.

A flooding is always more or leſs dangerous in proportion to the degree, not of continuance of the diſcharge, and the ſtrength of the patient; but when the pulſe becomes weak and low, and faintneſs, ſyncope, or convulſions, ſupervene, there is reaſon to dread a fatal conſequence.

If an adheſion of part of the *placenta*, or grumous clots of blood in the uterus,

be the cauſe of the diſorder, the common method of cure is, to endeavour to exclude them by the uſe of gentle emmenagogues, as borax, gum ammoniac, myrrh, *&c.* to which ſome ſperma ceti is uſually added. But where the flooding is violent, this method is too ſlow of operation: nor can emmenagogic medicines be ſafely adminiſtered in ſuch a quantity as to overcome an obſtinate reſiſtance of the offending cauſe. If, therefore, the diſorder ſhould be very violent, or we have reaſon to think that it will not be ſpeedily remedied by medicines, the *placenta*, or grumous blood, ought to be gently extracted with the hand, as ſoon as poſſible.

Where the diſorder is owing to any hurt ſuſtained in delivery, or the extraction of the *placenta*, and the woman is reſtleſs, a paregoric ought to be immediately given, to abate the irritation, and be repeated as occaſion requires; while during the intervals,

vals, the contraction of the uterine veſſels ſhould be promoted, by taking frequently a few drops of ſpirit of vitriol in any ſuitable vehicle. This medicine is alſo ſerviceable by contributing to keep the patient moderately cool, which is a caution that ought never to be neglected.

If the woman be of a plethoric conſtitution, and the pulſe full, it will be adviſeable to draw ſome blood from the arm; after which, if the flooding continue, recourſe muſt be had both to internal and topical aſtringents.

It often happens that the flooding is ſupported by a collection of indurated fæces, or flatulence in the bowels, obſtructing the regular circulation of the blood through the uterus. In this caſe no remedies whatever can avail, without the previous uſe of lubricating, gently purgative, and carminative clyſters, which ſhould be

repeated as often as there is occaſion. It is an indiſpenſible rule in all floodings, never to bind the abdomen too tight, as nothing is more injurious than much preſſure. Through the courſe of the diſorder, the patient ſhould be kept rather moderately cool than warm, and reſt ſhould be indulged by the occaſional uſe of paregorics.

CHAP.

CHAP. XVII.

Of a Suppreſſion or Obſtruction of the LOCHIA.

AS ſoon as the *placenta* is ſeparated from the uterus, there follows a diſcharge of fluids from the veſſels of that organ, occaſioned by the dilatation which they have ſuffered during the time of pregnancy. This diſcharge is termed the *lochia*, and the right procedure of it, is a matter of the greateſt conſequence for the recovery of child-bed women.

For ſome days after delivery, the evacuation conſiſts of pure blood, till, by the contraction of the veſſels, and the increaſe of milk in the breaſts, it gradually becomes ſerous, and leſs copious, and generally ceaſes in the ſpace of a fortnight or little more; the quantity of the flux, even

when it proceeds in a regular natural manner, being variable in different women, or on different occaſions, according to their conſtitution, the heat of the climate, the difficulty of delivery, and other circumſtances.

The moſt common cauſe of the ſuppreſſion is either a diarrhæa, or the catching of cold, and eſpecially the unwary admiſſion of cold air to the extremities of the uterine veſſels ſoon after delivery. It is likewiſe often occaſioned by imprudently drinking cool liquors; and I have known ſeveral inſtances of its being ſuddenly produced by violent affections of the mind. It is in general more the conſequence of ſome external accident unfavourable to pregnant women, than of any inward and inevitable cauſe.

An obſtruction of the *lochia*, from whatever cauſe it proceeds, is uſually productive

ductive of acute and dangerous diſorders, ſuch as fevers, inflammations, convulſions, &c. It is always the more alarming, the longer it has continued, and the ſooner it ſupervenes upon delivery; for after the flux is ſomewhat abated, and its conſiſtence becomes more ſerous, the ſymptoms attending a ſuppreſſion are not only leſs violent, but, for the moſt part, more eaſily remedied.

The diſorders ariſing from lochial obſtructions, admit of ſuch various means of ſolution, that there is ſcarce any kind of evacuation which has not frequently been attended with remarkable benefit in them; and an attention to theſe critical diſcharges is of the greateſt importance in leading us to the proper method of cure. I have generally obſerved a ſpontaneous hæmorrhage to be the ſalutary evacuation moſt commonly made uſe of by nature in the beginning of theſe diſorders, eſpeci-

ally in pregnant women; but where the *lochia* have proceeded regularly for the firſt four or five days after delivery, the diſeaſes, conſequent to an obſtruction, are more often relieved by an increaſe of ſome of the natural diſcharges. A diaphoreſis, however, is generally found to be advantageous in every ſtage of theſe complaints; and the ſame may be ſaid of a diarrhæa, when it has not made its appearance previous to an obſtruction of the *lochia*.

In plethoric women, or wherever the pulſe is full, bleeding ought to be performed immediately upon a ſuppreſſion of the *lochia*, and it is generally the more requiſite the ſooner the ſuppreſſion has taken place. The feet, in this caſe, as well as in obſtructions of the *menſes*, appear to be the moſt ſuitable parts for the operation. Frictions of the lower extremities, and the application of cupping-

glaſſes round the region of the uterus, are here likewiſe adviſeable.

Where the ſuppreſſion is not attended with a diarrhæa, a clyſter ſhould afterwards be ordered; but it ought to conſiſt of emollient and emmenagogic materials, rather than of purgative, as the intention of it is chiefly to relax the uterus, and recal the diſcharge of the *lochia*. Emmenagogic clyſters have alſo this circumſtance in their favour, that they can be uſed with leſs danger than internal medicines of that claſs, when a fever ſupervenes. The following is well adapted for the purpoſe.

℞ Fol. Artemiſiæ.
Pulegii.
Rutæ.
Flor. chamomeli ana ſemi-manipulum.
Rad. ariſtoloch. long. ſemunciam.
Coque in aq. fontan. q. ſ. & colaturæ unciis octo adde ol. olivar. unc. unam. m. f. enema.

In the mean time myrrh, borax, and ſuch like emmenagogue medicines, may be taken every four or five hours, with ſome mild antihyſteric julep. To the above remedies, I have frequently added ſome nitre, with advantage, where there appeared any ſigns of inflammation.

When a diarrhæa ſupervenes, in conſequence of an obſtruction of the *lochia*, great caution is requiſite in avoiding to check it too ſuddenly, as ſuch a practice has often been productive of violent inflammations

flammations of the uterus, and other fatal effects. A moderate diarrhæa, where the *lochia* are ſuppreſſed, if it be not really a critical diſcharge, tends at leaſt to mitigate, or prevent, many alarming ſymptoms, to which women, in theſe circumſtances, are expoſed. If the looſeneſs, however, ſhould be ſo violent, or continue ſo long, as to weaken the patient, it ought undoubtedly to be reſtrained; but never precipitately without the previous adminiſtration of rhubarb, along with which a few grains of ſome mild emmenagogue may be given.

Injections into the uterus, and warm fomentations to the abdomen, are frequently preſcribed for removing obſtructions of the *lochia*. I think, however, that the former of theſe applications, as well as the latter, ought to conſiſt rather of emollient than emmenagogue materials,

rials, as an irritation of the uterine veſſels might here be productive of pernicious effects.

When the flux of the *lochia* is reſtored, the ſymptoms which had accompanied its ſuppreſſion generally ſoon diſappear; but if any complaints remain, they are to be treated in the ſame manner with the diſeaſes to which they belong; care being taken, however, that no remedy be made uſe of, which might diminiſh that natural evacuation.

During all obſtructions of the *lochia*, it is abſolutely neceſſary that the patient be confined to bed, both to prevent the acceſs of cold air to the veſſels of the uterus, and ſupport a regular perſpiration, which is of the greateſt advantage in theſe complaints. The aliments ought to conſiſt chiefly of the more liquid kind, and ſuch as

as are ſuitable in acute diſorders. Whatever is drank ſhould be warm; and a little warm wine, or cordial, may now and then be allowed, if no ſigns of inflammation appear.

CHAP.

CHAP. XVIII.

Of the immoderate Flux of the LOCHIA.

THE quantity of the *lochia* is ſo variable in different women, according to the particular circumſtances of the ſolids and fluids, that no determinate meaſure of the evacuation can be fixed as a ſtandard in all conſtitutions; and the only criterion by which we can judge the flux to be immoderate, in point either of violence or duration, is when it has evidently much weakened the patient. In that caſe, the pulſe becomes low, weak, or intermitting, and the woman is frequently ſeized with faintings, convulſions, and pains in the abdomen.

The general cauſes of an immoderate flux of the *lochia*, may be either too great a laxity of the uterine veſſels, or a thin and

and acrimonious ſtate of the blood. When the former is the caſe, aſtringent medicines are the moſt ſuitable for abating the diſorder. The following julep has been advantageouſly uſed for this purpoſe.

℞ Coral. rub. præp. drachmas duas.
Aq. cinnamom. ſ. v. uncias tres.
fortis unciam unam.
Syr. e roſis ſic. drachmas ſex. M.
Capiat ægra cochlearia duo frequenter.

When the patient appears to be ſcorbutic, or the flux betrays any thing of a fœtid ſmell, the Peruvian bark ought always to be joined with theſe remedies.

If aſtringents taken internally, ſhould fail of contracting the veſſels of the uterus in ſuch a manner as to reſtrain the violence of the evacuation, we muſt then have recourſe to the aſſiſtance of the ſame external

external applications which are proper in other immoderate diſcharges from that organ, and have been already recommended in the exceſs of the menſtrual diſcharge.

If there is reaſon to apprehend that the flux proceeds from an acrimony of the fluids, which is frequently a concomitant cauſe of the diſorder, eſpecially where the patient has not been previouſly ſubject to immoderate diſcharges from the uterus, the uſe of opiates is ſtrongly indicated, and they ought to be adminiſtered from time to time during the courſe of the diſorder. For though it be generally allowed that they diminiſh the contractile power of the ſolids, yet nothing more effectually reſtrains thoſe diſcharges which proceed from local irritation, and their relaxing quality may be counteracted, by preſcribing along with them aſtringent and gentle cordial medicines.

The

The regimen in an immoderate flux of the *lochia*, ſhould in general be the ſame that is uſual with women in child-bed. The patient, however, ought not to be kept too hot, neither ought ſleep to be indulged beyond ſuch a degree as the weakneſs of the patient may require. Laſtly, The aliments ſhould be rather of a moderate than a liquid conſiſtence: for women, whoſe ſtrength has been much reduced by the evacuation, are, for ſome time after their recovery, uſually ſubject to dropſical ſymptoms, which ought to be prevented as much as poſſible, by avoiding an injurious diet.

CHAP. XIX.

Of Convulsions.

CONVULSIONS in child-bed women appear to ariſe from an irritation of the uterus, which is uſually produced by one or other of the following cauſes, viz. a violent extraction, or retention, of the *placenta*, a collection of grumous blood, or a ſtoppage of the *lochia*.

This diſorder is in general more alarming than fatal, and the danger is to be eſtimated from the degree in which it exiſts, the continuance of it, and the ſtrength of the patient's conſtitution.

In curing convulſions ſtrict regard muſt be had to the particular cauſe which excites them. When they proceed from a violent extraction of the *placenta*, and a conſequent flooding, which of all the cauſes

cauſes that have been mentioned is the moſt dangerous, aſtringent injections into the uterus ought immediately to be adminiſtered, as the ſpeedieſt and moſt effectual reſource.

If the veſſels of the uterus have been only ſlightly injured, and no conſiderable hæmorrhage enſues, anodyne injections are the topical applications to be made uſe of.

When a retention of the *placenta*, or a collection of grumous blood, is ſuppoſed to be the cauſe of the convulſions, theſe extraneous ſubſtances ought to be gently extracted with the hand. The diſcharge of the former may alſo ſometimes be aſſiſted by ſtrenutatories, and of the latter by detergent injections.

If a premature and ſudden ſtoppage of the *lochia* has given riſe to the diſorder, the return of that flux is to be ſolicited by

all the methods which have been formerly recommended.

In all convulſions, where the patient is plethoric, thoſe only excepted which are the conſequence of immoderate evacuation, bleeding is adviſeable, not only for relaxing the veſſels of the uterus, and thereby diminiſhing their irritability, but alſo for preventing the injurious effects which might ariſe from the violence of the convulſive motions. Antiepileptic medicines, and opium, are likewiſe to be preſcribed; the laſt of which is ſuperior to every other remedy when the diſorder is cauſed by irritation. In uſing opium for this intention, however, it ought rather to be preſcribed in ſmall quantities, and repeated occaſionally, than adminiſtered in a larger doſe at once; as, when given with too liberal a hand, it is ſometimes productive of the ſame diſorder.

CHAP.

CHAP. XX.

Of the PUERPERAL FEVER.

THIS ſpecies of fever, as its name imports, is peculiar to women in child-bed, and is uſually the moſt fatal of all the diſorders to which they are expoſed. Notwithſtanding the great prevalence of it in all ages, however, its real genius has remained, to the preſent times, a ſubject of much diſpute and uncertainty. The critical period of its invaſion, when febrile commotions are apt to be excited by various accidents, and the equivocal ſymptoms which accompany it, have even afforded ground for queſtioning whether it is a primary or ſecondary diſeaſe. Some authors have conſidered it as proceeding entirely from an inflammation of the uterus; others have imagined it to be the

conſequence of an obſtruction to the ſecretion of the milk; while the greater number have been inclined, for reaſons equally, if not more plauſible, to impute it to a ſuppreſſion of the *lochia*. If we examine this fever attentively, however, according to its natural courſe, and independent of all the accidental concomitant ſymptoms with which it is not eſſentially connected, we may ſafely pronounce it to be a primary diſeaſe, of a particular characteriſtic, and, perhaps, the neceſſary conſequence of none of the cauſes above mentioned.

The puerperal fever is moſt generally incident to women within forty-eight hours after delivery, though it may likewiſe ſupervene on the fourth or fifth day, and ſometimes conſiderably later. It is preceded, like other fevers, by a rigor, which is uſually violent, and when happening during the time of labour, may be confounded with the pains of parturiency.

This fever, in its earlier ſtage, is attended with the ſigns of inflammation. A great pain is felt in the back, hips, and the region of the uterus; which, in the part laſt mentioned, is accompanied with the ſenſe of heat and throbbing: a ſudden change in the quality or quantity of the *lochia*, now alſo takes place. The patient is frequently troubled with a *teneſmus*; and the urine, which is very high coloured, is diſcharged in ſmall quantity, and with pain. At the firſt attack of the fever, the woman is generally ſeized with a vomiting of porraceous matter, as in the *cholera morbus*, to which diſeaſe it then bears a ſtrong reſemblance. Inſtead of this ſymptom, there is ſometimes only a *nauſea* or loathing of the ſtomach, with a diſagreeable taſte in the mouth. The belly ſwells to a conſiderable bulk, and becomes ſuſceptible of painful ſenſations from the ſlighteſt impreſſion. The tongue is generally dry, though ſometimes it is moiſt,

and covered with a thick browniſh fur. When the fever has contiued for a few days, the ſymptoms of inflammation uſually ſubſide, and the diſeaſe acquires a more putrid form. At this period, if not at the very beginning of the diſorder, a bilious or putrid diarrhœa, of a dangerous and obſtinate nature, ſupervenes, and accompanies it through all its future progreſs; each motion to ſtool being preceded by a temporary increaſe, and a ſubſequent alleviation, of pain. The patient uſually nauſeates all kinds of food and drink, except what is cold and acidulated. A brown or blackiſh ſordes, the conſequence of putrid exhalations, adheres to the edges of the teeth. A troubleſome hiccup is at length produced, which greatly exaſperates the pains of the abdomen. *Petechiæ* or *vibices* alſo appear, with ſometimes a miliary eruption, but which produces no mitigation of the diſeaſe. Through the whole courſe of the fever, the patient is affected

affected with great anxiety, and dejection of ſpirits.

Such in general is the ordinary courſe of the puerperal fever; the ſymptoms of which, however, may be often varied, according to the conſtitution of the patient, the degree of the diſeaſe, and its earlier or later invaſion. When the woman is naturally weak, or her ſtrength has been greatly reduced by immoderate evacuations after delivery; when the diſeaſe is violent, and immediately follows that period, its progreſs and termination are proportionably rapid and fatal. In ſuch unfortunate circumſtances, many have been known to expire, within twenty-four hours from the firſt attack of the diſeaſe: nay, there are ſome inſtances where the very rigor has concluded the ſcene. The cataſtrophe, however, is for the moſt part ſuſpended for ſome days; and the number of theſe is variable, though the eleventh, from

from the commencement of the fever, may juſtly be fixed as the period which is generally deciſive. In whatever ſtage of the diſeaſe an unfavourable termination may occur, it would appear, that the commencement of the patient's recovery is not marked by any critical revolution of the fever, as depending on an alteration of the humours; but that the cure is gradually effected, either by a ſpontaneous vomiting, or a long continued diſcharge, by ſtool, of that porraceous matter, the exiſtence of which, in the ſtomach, is uſually evinced at the firſt attack of the diſeaſe. The moſt unfavourable prognoſtic, therefore, ariſes from ſuch a weakneſs of the patient as renders her unable to ſupport under ſo tedious an evacuation as that by which the diſeaſe is overcome. When the *lochia* return to their former ſtate; when the ſwelling and tenderneſs of the abdomen abate, and there is a moiſture of the ſkin,

we

we have reaſon to hope for a happy termination of the diſeaſe.

Though the puerperal fever may generally be aſcertained from the deſcription which has been given, and chiefly by that remarkable tenderneſs of the abdomen, which particularly diſtinguiſhes it; yet, as ſome of its ſymptoms may be confounded with thoſe ariſing from other diſeaſes, and which require a different method of cure, it will be proper to mention here the circumſtances whereby it may be known with greater certainty.

The pains of the abdomen, attending the puerperal fever, may be diſtinguiſhed from thoſe called after-pains, by their uninterrupted continuance through the courſe of the diſeaſe, though ſometimes they ſuffer exacerbations; whereas, in the latter, they often totally intermit. They are alſo diſtinguiſhable by the abſence of the

the fever, and concomitant ſymptoms in the one, and their evident exiſtence in the other.

Many circumſtances evince a diſſimilarity betwixt the puerperal and miliary fevers, notwithſtanding the ſymptoms of anxiety and oppreſſion are common to both; in ſo much that the nature of the approaching diſeaſe may be aſcertained at the very commencement of its attack. In the puerperal fever, the rigor is more violent, of longer duration, and not interrupted, as in the other. The pulſe is fuller and ſtronger, the ſkin is more hot, the tongue, whether moiſt or dry, though it is generally the latter, is not of a white, but browniſh appearance, and the urine is alſo high coloured. Eruptions, which are critical in miliary fevers, procure no mitigation of the puerperal, and cordials generally increaſe it.

When

When the original attack of the puerperal fever happens to coincide with the febrile commotion which is excited in child-bed women by the milk, the nature of it may at firſt be miſapprehended; but the concomitant ſymptoms, and greater violence of the diſeaſe, muſt in a ſhort time diſſipate ſuch an error.

From all the moſt accurate accounts of this diſeaſe, and from the period at which it generally commences, there is reaſon to conclude, that it owes its riſe more immediately to accidents after delivery: for it is allowed, that it may follow a labour under the beſt and moſt deſireable circumſtances; though endeavours to dilate the *os internum*, are ſuppoſed frequently to produce it. The more immediate cauſes generally aſſigned by authors are, a ſtoppage of perſpiration, too free a uſe of ſpices, and the neglect of procuring ſtools after delivery; ſudden frights, too haſty a ſeparation

ſeparation of the *placenta*, and binding the abdomen too tight. The putrid appearance, however, which this diſeaſe ſo ſoon aſſumes, affords ground to ſuſpect, that the pre-diſpoſing cauſe of it is a vitiated ſtate of the humours: for it is generally obſerved to be moſt prevalent in an unhealthy ſeaſon, and among women of a weakly and ſcorbutic conſtitution. Dr. Denman, to whom the public is much indebted for his judicious treatiſe on this diſeaſe, ſeems to be of opinion, that it may derive its origin either from a redundancy or too great acrimony of the bile, the ſecretion of which appears to be much interrupted in the time of geſtation; and it is indeed highly probable that ſuch a cauſe contributes greatly to produce the diſeaſe, eſpecially where the putrid tendency of the humours is increaſed by unwholeſome air and diet.

No diſeaſe whatever has more divided the ſentiments of phyſicians, in regard to the method of cure, than the puerperal fever. The apparent indications and contra-indications of bleeding, and other remedies, ariſing from the complication of inflammatory and putrid ſymptoms; the equivocal appearance of the vomiting and purging, as whether they are critical or ſymptomatical; and the different cauſes from whence ſymptoms ſimilar to each other may ariſe in pregnant women; all theſe circumſtances conſpire to involve the ſubject in great obſcurity and indeciſion. If we diligently attend to the ſeveral characteriſtics of the diſeaſe, however, ſo as to be able to diſtinguiſh it from every other puerperal complaint; and obſerve, at the ſame time, the uſual manner of its declenſion, our judgement may be guided in the method of cure by the ſalutary efforts of nature. But, in order to have a clearer view of the genuine indications, it

will

will be proper to conſider them under the ſeveral lights in which they have been generally agitated by authors.

One of the moſt eſſential points to be aſcertained, in the cure of the puerperal fever, reſpects the propriety of bleeding. A free uſe of the lancet has been generally regarded as the moſt ſucceſsful expedient in practice; and there are ſome inſtances of critical hæmorrhages which would appear to confirm its utility. But I think I may ſafely affirm from experience, that, for one who will be benefited by large bleeding, a much greater number will be injured, and that even almoſt irretrievably. Nor can this ſeem at all ſurpriſing, when we conſider the ſituation of child-bed women. In moſt, the evacuations conſequent upon delivery are ſufficient to diminiſh any undue ſuperabundancy of the fluids; and if, as frequently happens, the diſeaſe be produced by too haſty a ſepa-

ration

ration of the *placenta*, the conſequence of which is generally a very copious diſcharge of blood; can we ever ſuppoſe, that nature will be aſſiſted in over-coming the febrile commotion, by the farther evacuation of the vital fluid, through the defect of which ſhe is now rendered unequal even to the ordinary ſupport of the animal œconomy? I may appeal to every practical phyſician, how much he has known the pulſe to ſink, and what a train of nervous ſymptoms he has obſerved to ſucceed an exceſs of the diſcharge above-mentioned. Beſides, it is an axiom in phyſic, that a remedy which cures any diſorder, will always prove a prophylactic againſt it; and therefore if bleeding were the proper cure in the puerperal fever, the diſeaſe ought to have been prevented by a large evacuation of blood, when that happened previous to its ſeizure. Experience, however, in this, as in all other diſeaſes, is the only unerring guide we can follow; and

whoever carefully regulates his practice by fact and obſervation, will be convinced that bleeding, eſpecially in a larger quantity, is, in general, very far from being attended with ſucceſs. I am, indeed, ſo ſenſible of this fact, that for ſeveral years I have ſeldom adviſed bleeding, except in women of plethoric conſtitutions, and in whom the ſigns of inflammation roſe high: nor even in ſuch patients, ought it to be repeated without great caution, and the exiſtence of ſtrong indications. Bleeding, when recurred to in proper circumſtances, may unqueſtionably palliate the fever; but that it often ſhortens the duration of it, appears to me to be a matter of much doubt; and the practice, on that account, becomes ſtill more ſuſpicious and exceptionable, when we conſider that, by venæſection improperly uſed, the perſon's ſtrength may be ſo far reduced, as not to be able to bear the tedious looſeneſs by which the diſeaſe is generally carried off. Though bleeding, however, ought

ought in general to be uſed with great caution, there are certainly many caſes in which it is both neceſſary and advantageous.

The genuine nature and effects of the looſeneſs, in this diſeaſe, is another controverted point of the higheſt importance, and which merits the moſt attentive inquiry. Phyſicians, obſerving that women who die of the puerperal fever are generally moleſted with that evacuation, have been induced to conſider ſuch a ſymptom as of the moſt dangerous and fatal tendency, and what, therefore, we ſhould endeavour, by all poſſible means, to reſtrain. In this opinion, however, they would ſeem to have been influenced by too partial an obſervation of facts. For experience certainly authorizes the aſſertion, that more women appear to have recovered of the puerperal fever, through the intervention of a diarrhœa, than have been deſtroyed by that cauſe. If it alſo be conſidered, that purging is uſually

the almoſt only ſenſible evacuation in the more advanced ſtage of the diſeaſe, and is that which accompanies it to its lateſt termination, we ſhall have the ſtrongeſt reaſon to think, that it is critical, rather than ſymptomatical, and ought, therefore, to be moderately ſupported, inſtead of being unwarily reſtrained. Nay, the advantage which is found to attend vomiting as well as purging, in the earlier ſtage of the diſeaſe, would ſeem clearly to evince, that the matter diſcharged by thoſe evacuations is what chiefly foments the diſeaſe. And, indeed, experience ſo fully convinces me of the benefit ariſing from the uſe of emetic and purgative remedies, in the puerperal fever, that I think they are the only medicines on which any rational dependence is to be placed; at leaſt, they are certainly ſuch as I have found the moſt ſucceſsful. It is an eſtabliſhed rule in practice, to preſcribe a vomit at the beginning of every fever,

attended with any nauſea or loathing of the ſtomach, and where there is not any reaſon to apprehend an inflammation of that organ. Nor does the ſtate of child-bed women afford the ſmalleſt ground for prohibiting our recourſe to the ſame expedient, in anſwering a ſimilar indication. I ſhall now proceed to treat more particularly of the method of cure, which I have found moſt ſucceſsful.

A phyſician is ſo ſeldom called during the rigor preceding the puerperal fever, that he has few opportunities of trying the effects of remedies at that early ſtage of the diſeaſe. When ſuch occur, however, we ſhould endeavour as much as poſſible to ſhorten and abate that period, as the ſucceeding fever is generally found to bear a proportion to the violence and duration of it. For this purpoſe, warm diluting drinks ſhould be plentifully uſed, with a ſmall quantity of volatile ſpirits, or

brandy. Where I apprehended ſuch an accident, I have ſometimes ordered the nurſe to give immediately a diſh or two of warm ſack whey, but taking care that it was not too ſtrong; which is a caution that ought always to be remembered. For though a freer uſe of the more cordial and ſpirituous kinds of liquors might perhaps ſooner abate the rigor, there is danger to be feared from their influence on the approaching fever, eſpecially in women of a ſtrong and healthy conſtitution. In all caſes, however, warm applications to the extremities, ſuch as heated bricks, towels, or toaſted grains in a linen bag, may be uſed with perfect ſafety, and ſome advantage.

When the hot fit is advanced, the firſt thing I commonly order, is ſome emollient injection, as chicken-water, or water and milk, which ought to be frequently repeated through the courſe of the diſeaſe.

Theſe

Theſe prove beneficial, not only by promoting a diſcharge from the inteſtines, which ſeems in fact to be the ſolution of the diſeaſe, but alſo by acting as a kindly fomentation to the uterus, and adjacent parts; and in this intention they are particularly ſerviceable when the *lochia* are ſuppreſſed. Great care, however, is requiſite in adminiſtering them, on account of the tenderneſs, and inflammatory diſpoſition, which at that time render the parts in the pelvis extremely ſuſceptible of pain.

The next ſtep in the method of cure, ought to be to promote the diſcharge of the morbid matter, both by the ſtomach and inteſtines. I uſed formerly to anſwer theſe intentions ſeparately; and preſcribing firſt a moderate doſe of the tincture of ipecacuan, to unload the ſtomach, had afterwards recourſe to gentle purgatives. If the ſtomach was affected with a nauſea

at the time when I was called, the emetic generally operated well, and I ſeldom found it neceſſary to repeat it above once through the courſe of the diſeaſe. Where that opportunity, however, had paſt, I proſecuted ſtill the ſame intention; and though the evacuation was not then ſo free and copious as when aſſiſted by the efforts of nature, it never failed to abate the diſeaſe. The vomiting was generally ſucceeded by a diaphoreſis, and the diſcharge of a few ſtools, which were greeniſh, frothy, and fœtid, and were daily promoted by gentle purgatives. By this method the ſwelling of the abdomen gradually abated, the *lochia* returned to their former ſtate, and all the febrile ſymptoms aſſumed a milder and more favourable aſpect.

Since the publication of Dr. Denman's judicious treatiſe on this ſubject, I have had frequent opportunities of preſcribing the

the medicine which he recommends; and, from its ſpeedier operation, and greater tendency to increaſe the perſpiration, I muſt own that I think it the moſt eligible method of practice. The following is the medicine he uſes.

℞ Tartar. emetic. gr. ij.
Ocul. cancror. præp. ℈i. intime miſceantur.

" Of a powder thus prepared, ſays he, I " give from two to ſix grains, and I " repeat it as circumſtances require. If " the firſt doſe does not procure any ſen- " ſible operation, I repeat it in an in- " creaſed quantity at the end of two " hours, and proceed in that manner; " not expecting any benefit but from its " ſenſible evacuation.

" Should the diſeaſe be abated, but " not removed, (which ſometimes hap- " pens) by the effect of the firſt doſe, the " ſame

" ſame medicine muſt be repeated, but " in a leſs quantity, till all danger is over. " But if any alarming ſymptoms remain, " I do not heſitate one moment to repeat " the powder, in the ſame quantity as " firſt given; though this ſeldom is " neceſſary, if the firſt doſe operates " properly.

" It is to be obſerved, proceeds he, " that as the certainty of cure depends " upon the proper repetition of the " medicine, the method of giving it at " ſtated hours, does not appear eligible. " If the firſt doſe produces any conſider- " able effect by vomiting, procuring ſtools " or plentiful ſweating, a repetition of " the medicine, in a leſs quantity, will " ſeldom fail to anſwer our expectations; " but great judgement is required in " adapting the quantity firſt given to the " ſtrength of the patient and other cir- " cumſtances. We are not to expect

" that

" that a diſeaſe which, from the firſt for-
" mation, carries ſuch evident marks of
" danger, ſhould inſtantly ceaſe, even
" though a great part of the cauſe be
" removed."

Along with theſe medicines, eſpecially after a vomit has been adminiſtered, frequent doſes of the ſaline draughts ought alſo to be given, which not only promote the evacuation by the inteſtines, but likewiſe increaſe the ſalutary diſcharges of urine and perſpiration. Theſe medicines are particularly ſerviceable in ſubduing the remains of the fever, after its violence has been broken by the more efficacious remedies above recommended; but when they are uſed even in the decline of the diſeaſe, gentle laxatives of rhubarb and magneſia, as adviſed by Dr. Denman, ought to be frequently interpoſed, ſince, as he juſtly obſerves, without ſtools we can do little ſervice.

Notwithſtanding

Notwithſtanding the diſcharge by the inteſtines appears to have the moſt ſalutary effect in this diſeaſe, yet when the ſtomach has not been properly unloaded of offenſive matter, though a great nauſea and ſickneſs had indicated the expediency of ſuch an evacuation at the beginning of the fever, the continuance of the looſeneſs is ſometimes ſo long protracted, as in the end to prove fatal. In this alarming ſtage of the diſeaſe, when the ſtools are very frequent, and involuntary, and all appearances threaten danger, Dr. Denman ſays that a glyſter of chicken-water injected every one, two, or three hours, or as often as poſſible without fatiguing the patient too much, together with the following draught taken every ſix hours, has produced better effects than could be expected.

℞ Pulv.

℞ Pulv. rad. ipecac. gr. i.
Confect. damocrat. ℈i.
Aq. alexeter. ſimp. vel
Cinnamom. ſimp. ℥iſs. f. hauſtus.

While theſe medicines are uſed, we ſhould endeavour at the ſame time to mitigate the pains of the belly by relaxing applications. During the courſe of the diſeaſe the patient ought to drink freely of diluting liquors, and abſtain from every thing of a heating quality, unleſs great faintneſs ſhould indicate the uſe of a ſmall quantity of ſome cordial medicine.

CHAP.

CHAP. XXI.

Of the MILK FEVER.

THIS fever uſually ſupervenes a few days after delivery, when the *lochia* begin to abate, and the breaſts become turgid with milk. Having nothing malignant in its nature, and proceeding entirely from too copious a derivation of the fluids to an unaccuſtomed ſecretion, it is ſeldom either dangerous or of long continuance, and terminates with the relaxion of the diſtended parts, and a gentle diaphoreſis.

It may be diſtinguiſhed from every other febrile diſorder, by the pain and diſtenſion of the breaſts, which ſometimes become hard, hot, and inflamed.

When the ſymptoms riſe not to any conſiderable height, it is generally cured by

by the help of a ſlender diet only, without any medicinal aſſiſtance. But if it ſhould prove more violent, as ſometimes happens, eſpecially in young women of a plethoric conſtitution, after their firſt delivery, it requires ſome farther attention. In ſuch a caſe, the firſt ſtep in the method of cure is, to abate the inflammation by bleeding, which ought here to be performed in the ancle. Afterwards, if the breaſts are hard, very turgid, or inflamed, emollient fomentations and cataplaſms ought to be applied to them. I have frequently uſed warm milk alone, and the common poultice of bread and milk, with the addition of a little oil, or the ointment of althæa. If the breaſts are conſiderably hard, a ſmall quantity of compound ſpirits ſhould be mixed with the fomentation, as a diſcutient.

Beſides the puerperal and milk fevers, to which child-bed women are liable, they

they may alſo be accidentally ſeized with others, more or leſs of an inflammatory or putrid nature. But as ſuch complications are indeterminate, nothing farther can be ſaid of them in general, than that the cure muſt be conducted with a judicious regard to the ſeveral diſorders; remembering always, when oppoſite indications take place, to pay the greateſt attention to thoſe which are moſt urgent and indiſpenſible.

CHAP.

CHAP. XXII.

AFTER-PAINS.

SOON after delivery, women are generally ſeized with conſiderable pain in their loins, groins, and lower part of the abdomen, proceeding from the late diſtenſion of the ligaments of the uterus. Theſe complaints are much exaſperated by an obſtruction of the *lochia*. Of themſelves, however, they are ſeldom productive of any dangerous effects, and may be clearly diſtinguiſhed from that tenderneſs of the belly, which is natural to the puerperal fever, by the abſence of tumefaction, and the other obvious ſymptoms of that diſeaſe.

Theſe pains may be relieved, and generally indeed even prevented, by giving oleaginous medicines ſoon after delivery;

ſuch as the oil of ſweet almonds, and ſperma ceti, to which ſome opiate may be added, if requiſite. A drachm of ſperma ceti, with an equal quantity of theriac. andromach. given occaſionally, and waſhed down with a little warm wine, or any gentle cordial, is a very common medicine for this purpoſe. Or the following may be uſed in place of it.

℞ Ol. amygdal. dulc. unc. duas.
Syr. balſamic. unc. unam.
Laudan. liquid. guttas triginta,
Miſce.
Capiat cochlear. unum ſubinde.

If the pains be attended with flatulence in the bowels, which generally increaſes them, a ſmall quantity of ſome carminative may be given along with the above medicines; and even a gentle clyſter, with which a ſufficiency of camomile flowers, and fennel ſeeds, is boiled.

To prevent, or mitigate, these pains, the belly should likewise be kept warm, and the swathing not too tight. Whatever is drank ought to be made tepid; and rest indulged, as much as possible.

Besides the after-pains, affecting the ligaments of the uterus, and to which child-bed women are liable without the concurrence of any unfavourable accident, they are also frequently troubled with flying pains, of the rheumatic kind, occasioned generally by catching of cold; and these, as may naturally be supposed, require a treatment very different from the former. Diaphoretic medicines are, in this case, the only remedy. I have often used the following with success.

℞ Aq. alexeter. simp. unc. sex.
Sp. minder. sescunciam.
Tinctur. croci drachmas tres.
Syr. com. unciam unam. Misce.
Capiat cochlear. duo omni bihorio.

CHAP. XXIII.

Of HYSTERIC *Symptoms.*

THE ſymptoms of the hyſteric diſeaſe ſo much reſemble thoſe of others, that when they happen to women in child-bed, they frequently miſlead the phyſician in forming his opinion of the caſe; and I have known more than one inſtance, where a hyſteric pain in the bowels accidentally coinciding with the milk fever, produced a fatal error in practice. Such a miſtake may be the more readily committed when the ſpaſms are interrupted, ſo that on theſe occaſions the colour of the urine, which is one of the principal characteriſtics of the hyſteric diſeaſe, may be heightened by the fever. If ſuch a fluctuation of circumſtances ſhould occur, our judgement may in general be rightly determined by an atten-

tion to the concomitant ſymptoms; or if the caſe ſhould ſtill appear doubtful, we may be fully ſatisfied whether the pain be of an inflammatory or an hyſteric nature, by the application of fœtid ſubſtances to the noſtrils. When by any certain criterion we diſcover the ſymptoms to be of the latter kind, a galbanum plaſter ought to be applied to the navel, and anti-hyſteric medicines adminiſtered. In child-bed women, however, we muſt only attempt to alleviate, and not exterminate, the diſeaſe, till their recovery qualifies them for the uſe of ſuch exerciſe as corroborating medicines require.

CHAP. XXIV.

Of the Dilaceration of the PERINÆUM.

WHEN a labour has been extremely difficult, or rough and unſkilful management uſed in the delivery, the perinæum is ſometimes rent aſunder, ſo that the fæces are diſcharged by the vagina, as well as the anus. This accident, tho' highly mortifying, is not attended with much danger; only, when once it has happened, the return of it is ſcarcely to be avoided in a future delivery; as the vagina muſt neceſſarily be ſomewhat ſtraitened by the method of cure, which is always the manual operation.

CHAP. XXV.

Of Diſeaſes of the BREASTS.

THE flux of milk towards the breaſts ſoon after delivery, frequently expoſes child-bed women to various diſorders in theſe parts, ariſing generally from the quantity, conſiſtence, or other qualities of the newly ſecreted fluid. The moſt uſual of ſuch complaints are, a hardneſs, or inflammation with all its various conſequences, *varices*, excoriation, and fiſſures in the nipples.

When a hardneſs, or inflammation of the breaſts is produced by a ſuperabundant quantity of milk, the appearance of thoſe diſorders is generally limited to a fortnight or three weeks after delivery, within which time they are apt to be excited by a premature ſuppreſſion of the *lochia*.

Too great a flux of milk to the breaſts may be uſually prevented by covering them, preſently after delivery, with diachylon plaiſter; or where that proves inſufficient for the purpoſe, it is common to apply a mixture of *ung. alb.* and *popul.* ſpread upon linen. Various other prophylactic remedies, of a cooling or aſtringent nature, are alſo recommended; ſuch as a mixture of oil of roſes and vinegar, uſed in the ſame manner as the former, or rags dipt in brandy, and applied to the *axillæ*. Diachylon plaiſter, however, is generally found ſufficient where the mother intends to be nurſe herſelf, and the ingreſs of the milk is therefore not to be too much reſtrained.

When, notwithſtanding the early uſe of theſe topical applications, the flux of milk into the breaſts is productive of immoderate tumefaction, we muſt then have recourſe to the method of cure which is conſonant

conſonant to a ſtate of inflammation. If the patient, therefore, is plethoric, the fulneſs of the veſſels ought to be diminiſhed, by bleeding in ſuch a quantity as may be ſuitable to her preſent circumſtances, and the uſe of gentle purgation; at the ſame time that the obſervance of a moderate and ſlender regimen muſt be enjoined. The milder diaphoretics, and diuretics, which promote the thinner ſecretions from the blood, are here likewiſe ſerviceable, by cauſing a derivation from the breaſts. But of all remedies, the moſt efficacious are emollient and diſcutient applications to the parts affected. After the previous uſe of ſuch evacuations as have been mentioned, when theſe are judged neceſſary, the following fomentation is of great advantage for diminiſhing the tumour.

℞ Fol. malvæ.
Alth. ana ſemimanipul.
Flor. chamæmel.
Sambuci ana manipul. unum.
Coque in aq. fontan. q. ſ.
colaturæ libræ unæ adde.
Sp. vin. camphorat. unc. duas. m. f.
fotus.

This fomentation ought to be uſed warm frequently, and a poultice for the ſame intention ſhould be kept conſtantly applied during the intervals.

If diſcutient applications ſhould prove ineffectual, and the tumour tends to ſuppuration, it ought, as ſoon as it is ripe, to be opened in the moſt dependent part, either with the lancet or cauſtic. The former method is the moſt proper where the impoſtumation is of a benign and laudable kind; as, on the other hand, the latter is preferable if there appears to be

any

any ſinus, or a tendency of the tumour to a ſchirrous or cancerous ſtate. The ulcer is afterwards to be treated according to the common rules enjoined in diſorders of that kind.

A frequent cauſe of hardneſs in the breaſts of child-bed women is a coagulation of the milk; to prevent which, the parts ought to be kept cloſe and warm. To diſcuſs ſuch a hardneſs, the fomentation above mentioned is highly ſerviceable, as is likewiſe freſh drawn linſeed oil, frequently uſed by way of liniment.

Where *varices* appear in the breaſts, if the patient is plethoric, venæſection is adviſeable; after which, aſtringent fomentations are to be preſcribed, in order to reſtore the firmneſs of the relaxed veſſels.

Excoriations and fiſſures of the nipples, though ſeldom productive of dangerous effects, are often very troubleſome to women

men who give ſuck. Theſe complaints proceed generally from a diſtenſion or rupture of the ſmall veſſels by the quantity of the milk, though they may likewiſe be a conſequence of venereal infection, or ulcers in the mouth of the child. In the caſe of a ſimple excoriation, it is a common practice to foment it now and then with warm milk, or to apply freſh cream to the nipple, either by way of liniment or ſpread upon fine linen. The following artificial application, or ſuch like, may alſo be uſed for the ſame purpoſe.

℞ Gum. arabic. drach. duas.
Sem. cydonior.
Pſyl. ana ſcrupul. duos. Coque parum in aq. roſar. damaſcen. unciis tribus, et colaturæ adde.
Mel. roſat. drachmas ſex. m. f. mucilago.

It

It is to be obſerved, however, that ſuch applications are moſt proper when the *fibrillæ* of the nipples appear to be dry and parched: for if theſe are lax and moiſt, more aſtringent liniments are neceſſary. The following may be uſed with advantage in this caſe.

℞ Ung. pomat. recent. ſemunc.
Pulv. boli. armen.
Amyli ana ſeſquidrach.
Sacchar. alb. drach. unam.
Croci pulv. grana quinque. m. f. linimentum.

Whatever liniments are applied to the nipples, they ought to be always waſhed off before the child is permitted to ſuck: but if the complaints are found to be aggravated by ſucking, the child ought either to be weaned, or put to another nurſe, and the milk in the breaſts of the mother be diſcuſſed.

When

When it is judged proper to diſcuſs the milk, on the above or any other account, the breaſts, if full, ought always to be drawn before the uſe of any external application. Afterwards, a common expedient is to bathe them with warm brandy, and then cover them with flannel, or plaiſters of diachylon. Aſtringent fomentations and plaiſters are uſed for the ſame purpoſe, as is likewiſe honey, applied in the manner of a poultice. Repelling applications, however, ought always to be uſed with caution, in proportion to the degree of their ſtypticity; nor ſhould they ever be too ſtrong, too often renewed, or too long perſiſted in; as they might otherwiſe prove the means of inducing inflammation or ſchirroſity: and for the ſame reaſon, when the ſecretion of the milk is not totally prevented by their uſe, the breaſts ought now and then to be drawn to guard againſt the injurious conſequences which might ariſe from the ſtagnation.

During

During the uſe of repelling applications to the breaſts, the patient ought to uſe a ſlender diet; and if the flux of the *lochia* has totally ceaſed, the repulſion of the milk ſhould be facilitated by bleeding and purging, in ſuch a degree as is adapted to the conſtitution and particular circumſtances of the patient.

THE END.